Nursing Homes

OFFICIAL JOURNAL - AMERICAN NURSING HOME ASSOCIATION

HELEN HOLT

ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.

TENNYSON GUYER

ROGER FLEMING

ANHA

CONVENTION

HOTEL PICK-CARTER

CLEVELAND, OHIO

October 2-6, 1961

KENNETH McFARLAND

MORTGAGE BANKERS ASSOCIATION OF AMERICA

AMERICAN INSTITUTE OF ARCHITECTS

In this issue:

VOL. 10, NO. 9 SEPTEMBER, 1961

ADVANCE REGISTRATION for 1961 A.N.H.A. CONVENTION
October 2-6 — Hotel Pick-Carter
Cleveland, Ohio

REGISTER NOW AND SAVE $7.00!

Complete this form and send with a check for $38.00 directly to the American Nursing Home Association, 1346 Connecticut Ave., N. W., Washington 6, D. C.

Your name _____

Print this information

Name of your nursing home _____

No. & Street _____

City, zone, state _____

Your signature _____

Complete Advance Registration — $38.00

Includes registration fee, luncheons, banquet, exhibits and all events.

SEE HOW ADVANCE REGISTRATION SAVES $7.00

Registration (single)	$23.00
Luncheon Oct. 3	5.00
Luncheon Oct. 4	5.00
Banquet Oct. 5	12.00
	$45.00

MAKE CHECKS payable to ANHA 1961 CONVENTION. All prices include Taxes and Tips. This registration is for one person per nursing home.

Advance registration offer EXPIRES Sept. 15, 1961.

Envelope must be postmarked no later than Sept. 15, 1961.

ADDITIONAL REGISTRATIONS:
For spouse, personnel or guest will be $3.00 per person plus cost of meals. You may purchase individual meal tickets when registering.

Registration (single)	$ 3.00
Luncheon Oct. 3	5.00
Luncheon Oct. 4	5.00
Banquet Oct. 5	12.00
	$25.00

HOTEL ROOM RESERVATIONS

Fill out and mail this hotel reservation form TODAY and be sure of a room.

Mail to:
HOTEL PICK-CARTER
1012-32 Prospect Ave.
Cleveland 15, Ohio
(Phone: PRospect 1-7200)
(Headquarters' Hotel)

FOR:

AMERICAN NURSING HOME ASSOCIATION

ANNUAL CONVENTION

October 2-6, 1961

Fill in No. & Type room desired:

	RATES
____Single room	$ 7.50 to $12.00
____Double room	$10.00 to $16.00
____Twin bedroom	$12.00 to $18.00
____Two room suite	$27.50 to $50.00
____Three room suite	$40.00 to $60.00

Date arrival _____ Hour _____ a.m. _____ p.m.
Date departing _____ Hour _____ a.m. _____ p.m.

Please print all information:

Name _____

Nursing Home Association _____

No. & St. _____

City, Zone, & State _____

Unless requested otherwise, hotel will hold your reservation until 6 p.m. of the day of your arrival. Check-out hour is 3 p.m.

Your signature _____

Hear These Renowned Speakers at the A.N.H.A. Convention October 2-6

The importance and significance of nursing homes in our American way of life will be emphasized throughout the October 2-6 Convention in Cleveland.

One of the most interesting aspects of the week-long American Nursing Home Association Convention will be the four nationally-known speakers who will bring to the delegates a blend of humor, sentiment, inspiration, and, most of all, information.

Convention speakers

The Convention audience will be privileged to hear Dr. Tennyson Guyer, a man described as a "blend of Will Rogers and William Jennings Bryan"; Dr. Kenneth McFarland, Educational Consultant and Lecturer for General Motors, known as "America's Number One Spokesman"; Mr. Roger Fleming, Secretary, Treasurer and Director of Washington office of American Farm Bureau Association; and the attractive Mrs. Helen F. Holt, FHA Special Assistant for Nursing Homes, who will appear at the October 3 luncheon, following the Fashion Show.

MRS. HELEN F. HOLT
FHA Special Assistant for Nursing Homes

DR. TENNYSON GUYER
Known as "Ohio's Ambassador of Good Will"

The Committee in charge of planning the program for the Convention is particularly enthusiastic about the caliber of the speakers scheduled.

Dr. Tennyson Guyer, the keynote speaker, is known to millions of people as Ohio's Ambassador of Good Will. He has been tagged affectionately as Prince of Platformers, Master of Mirth, and America's Premier Inspirational Speaker. His particular style of humor, mixed with sentiment, has delighted audiences in every state in the union, Canada, Cuba, and 13 foreign countries in Asia, Africa, and Europe.

An Ohio State Senator, Dr. Guyer divides his time between the legislature in Columbus; the Cooper Tire and Rubber Company in Findlay, where he serves as Director of Public Relations; and the speaker's dais at national conventions.

His ability to inspire and enthrall audiences has earned him the title "Best Inspirational Speaker in America" by the International Platform Association.

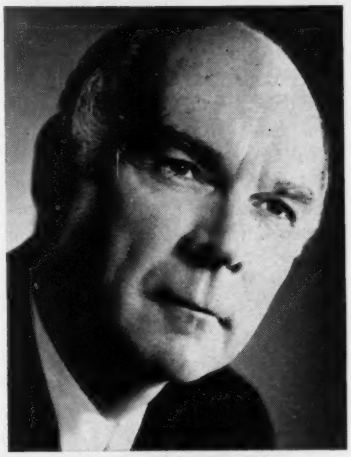
Dr. Kenneth McFarland is particularly well qualified to speak before delegates from the American Nursing Home Association. He has repeatedly said, "Any man who helps another man to live more abundantly is doing the work of God." Dr. McFarland has personally expressed his pleasure at the opportunity to appear in Cleveland, Thursday night, October 5.

As Educational Consultant for General Motors Corporation, Dr. McFarland lectures from more than 200 platforms a year, in all parts of the nation. He appears before groups whom he considers "the key leaders of the nation" to sell the American system to the American people.

"When the leaders of important groups come to hear me at Conventions," says Dr. McFarland, "my job is to inspire the leaders so they in turn can really inspire those who stay at home."

Dr. McFarland, who holds a

MR. ROGER FLEMING
Sec'y.-Treas., American Farm Bureau Federation



DR. KENNETH McFARLAND
Educational Consultant for
General Motors Corporation

Master's degree from Columbia University, a Ph. D. from Stanford, is a Kansan whose background as educator, businessman, industrial advisor and personal consultant makes him a part of whatever group he is in. His addresses, while entertaining and educational, also render a service to his audience in that he is a spokesman for America's rich heritage and opportunities, and those who hear him go away inspired by the philosophy that each person should capitalize fully on his own capabilities.

In a nation-wide poll conducted by the United States Chamber of Commerce, Dr. Kenneth McFarland was voted "America's Foremost Public Speaker".

Dr. McFarland's addresses are so highly current in nature that he has not yet selected the topic of his speech to be given in Cleveland, but Convention delegates will undoubtedly hear this well-known man state one of his well-known theories. "I am thoroughly convinced," says Dr. McFarland, "that no person can be personally and happily successful unless his job is one that lets him put light in people's faces."

Control controversy

A man who is expected to shed light on the problems of private versus government control in business is Mr. Roger Fleming of Washington, D.C. A graduate of Iowa State College, Mr. Fleming has had an active career in his state's legislative activities, served as an officer in the United States Navy, and was Secretary of the Iowa Farm Bureau Federation. Since 1949, he has served as Secretary-Treasurer of the American Farm Bureau Federation in Washington. His dedication of interest to the individual's problems will enable him to give an informative speech before the audience from American Nursing Homes.

The only woman on the panel of speakers is Mrs. Helen F. Holt who will come to Cleveland from Washington, D. C., where she is Special Assistant for Nursing Homes to the FHA.

A West Virginian by birth, she holds degrees from Stephens College, Northwestern University, University of Missouri, and University of North Carolina. Her professional career includes that of teacher, member of the House of Delegates in West Virginia, and Secretary of State of West Virginia. In 1960, Mrs. Holt was a delegate to the White House Conference on Children and Youth, and a member of the State Committee on Aging.

She is listed in Who's Who in the East, and Who's Who in American Women.

Her present position in Washington is of vital interest to all members of the American Nursing Home Association. As the Special Assistant for Nursing Homes in the FHA, Helen Holt is encouraging those who need to build or expand nursing homes in their use of Federal aid. She is able to speak on how this can be done, and to be of help in the planning and practice of assistance from the Federal Housing Administration.

The records of these four outstanding Americans show qualification, education, and a keen interest in the problems of the American Nursing Homes. Fortunately, the records do not have to "speak for themselves", for these Convention speakers will bring to the delegates their personal up-to-the-minute educational and entertaining oratory.

Extra events

Extra events will make it extra worth your while to attend this most important Convention . . . such as the presence of Mary Pickford, who will attend as a special guest . . . the launching of a nation-wide contest in Rainbow Crafts . . . special attendance awards . . . Idea Trading Posts . . . 70 sensational exhibits . . . and Fashion show.

The election of the President and other officers for 1962 will be one of the most important functions of the Convention. The right person in the right office is the responsibility of each and every Convention delegate.

This will be the biggest, the most important Convention in ANHA history!

Registration is $45.00 per person and will include luncheons and the banquet. Companion registrations (for those attending with a regular registrant) will be $25.00, including the same meals.

"Early Birds," registering before September 15, will save $7.00 on their registration fee and pay only $38.00 including luncheons and the banquet.

The renowned speakers and events scheduled for this A.N.H.A. 1961 Convention will give you unlimited inspiration and vital information that will guide and assist you throughout the many, many years to come.

CLEVELAND, OHIO —
is the PLACE

PICK-CARTER —
is the HOTEL

OCTOBER 2-6, 1961 —
are the DATES

ANHA CONVENTION —
is the EVENT

Get More Benefits from Convention

More than ever in the past, attendance at the American Nursing Home Association 1961 Convention is a "must" for every member. The combination of a new Administration in Washington and a drop in the economy confronts management with a rash of problems to be explored, discussed and solved. They permeate all levels of member activity — sales, production, employee relations, service, advertising, etc. Figuratively speaking, the "Men at Work" sign will be posted at every meeting-room door.

The same conditions that make attendance mandatory underscore the importance of planning ahead, to insure maximum benefits from the convention. Take these steps and you can count on a handsome return on your investment of time and expenses:

Decide early. Waiting until the last minute may cost you the opportunity of attending. You need to clear the dates on your calendar, to prevent conflicting engagements and to establish a cut-off point beyond which your duties will be delegated to others, so you can surely get away.

Register in advance. There is a psychological advantage in putting your money down, so to speak. Then you feel committed, and get in the proper frame of mind about attending. You risk nothing by so doing, as your payment will be refunded if you discover later on that you are unable to come. Your action also means time saved when you get to the convention; you won't have to stand in line to register.

Reserve a room. The standing practice of all hotels is to review incoming reservations and estimate whether a convention will live up to expectations. If the reservations for it dribble in too slowly, the hotel management may decide to accept more room requests from other guests for the convention period. Naturally, this reduces the number of rooms available to members. Your early reservation not only insures a confirmation; it also keeps the door open for your fellow members.

Review your problems. Knowing what to look for at a convention is a great advantage. Match your needs against the problem, so you won't miss a vital speech or session. Have your questions ready before the meeting, to inject in the discussion. You will profit in two ways — by getting the information you require and by encouraging others to look you up after the session and get acquainted.

Make appointments ahead. Don't depend on chance to help you contact the right people. Write to everyone you want to see, including members and exhibitors. You can suggest sitting at the same table at a luncheon or the banquet, or can invite them to your room for a chat between sessions.

Take notes. While it's impossible to remember everything that transpires, you can store a lot of information on only a few sheets of paper. For maximum value later on, expand these jottings while they still recall other points that were not noted. In short, write yourself a report on all ideas that might help you.

Get around. Circulate — don't hide away or spend all your time with a few old cronies. One basic reason for a convention is the opportunity it gives members to widen their circles. The more people who share your interests, the richer your life will be, in the long run, and the more satisfactions your work will give you.

How Does It Profit to Belong to ANHA?

By PEARL DAWSON
Vice. President, Reg. V, A.N.H.A.

Pearl Dawson is a regional vice president of the American Nursing Home Association. She is past president of the Wisconsin Association of Nursing Homes, Inc., and administrator of the Dawson Home, Janesville, Wisc.

Twenty-five reasons are a powerful number for anything! But we have outlined at least that many sound ones for nursing home administrators to be aligned in one strong national organization with affiliated state, county and district groups.

Scattered, small, splinter organizations generate no power—create no solid front and are ineffectual. Only a unified, solidified national organization can speak with the powerful voice we need during these formative years as a profession.

Many Reasons

A national organization helps gain proper recognition for our profession. The officers, governing council, etc. serve as spokesmen for the member administrators. We can gain more effective representation. A uniform accounting system can be achieved. As an organized national group we can create good will for services performed.

Promoting acceptance of nursing homes in proper relation to other medical facilities can best be achieved through organization. A group such as ANHA can work more effectively for greater prestige with doctors, hospitals, civic and church groups, social agencies, state boards of health, etc.

Membership in the ANHA grants us the privilege of attending institutes and workshops; of attending conventions, where the best thinking on improved nursing home care is being done; of knowing about meetings of related groups.

Set Own Standards

If standards are needed for nursing homes and, if we are to rate ourselves as professionals we know they are needed—then let us be the ones to make them. Who knows better than we administrators what goes on in a nursing home? But, we cannot effectively formulate standards unless we are banded together in a

(Con't. page 4)

Montana Convention is well attended

Florence Hotel, Missoula, Mont.
May 1-3, 1961
Reported by Mrs. Nellie Cornelius, Secretary

This convention had the best attendance in our history — 121 persons signed the register, and 101 attended the banquet. Attendants included guests from surrounding states, with representatives of the Oregon Nursing Homes, Inc. bearing 100 dozen roses to express their friendship and good will; members of the State Welfare Department, Board of Health, service groups and many others; and A.N.H.A. officers, general counsel, and Governing Council members. All of these contributed ideas and information of great value to our state membership. This was also true of the exhibitors and their displays.

Nursing Class

A Student Practical Nurse class, the first to be conducted in Montana, under supervision of the Vocational Education program, was held. This service will be most helpful to our homes.

Among the speakers were:

Dr. W. T. Van Orman, who made us wonder what the nursing home of the future will be as determined by our ever-changing society;

Mrs. Wilma Dolan, who stated we must assume our share of the responsibility for health care of the aging and to treat it as a personal problem, and urged the establishment of more L.P.N. training schools in Montana;

Charlotte Johnson, a Nursing Home consultant, offered solutions to our various problems and promised to visit each nursing home in Montana, as time permits, to offer suggestions individually and collectively;

Anne T. Beckwith, who gave a brief history of nursing laws in Montana, and how such laws affected nursing homes;

Mrs. Roberta A. Lee, Vice President, Region VI, ANHA, who reported on her many activities for the Montana Nursing Home Association and nursing homes throughout Montana, whether licensed, Association members, and our many potential members;

Wava Dixon of Montana's Public Health Nursing Service, who assured us of the fullest cooperation and to call upon her for help at any time to assure better patient care, in the field of proper nursing technics, management procedures, etc.;

Mr. Skelton, attorney for the M.N.H.A., who stated emphatically that with Montana's nursing homes now classified under the new regulations, according to the type services offered, that it was the responsibility of the State Department of Public Welfare and the County Commissioners to see that rates were established to cover the cost of operation with a reasonable return to the nursing home owners.

Explains F.H.A. Loans

Mr. A. J. Massman explained F.H.A. loans for construction or remodeling of nursing homes and offered his wholehearted cooperation.

Three round-table discussions also contributed to the success of the convention. One, "What Do Nursing Home Administrators Need To Do To Obtain Volunteer Services" — produced many fine ideas, with emphasis on better liaison with service groups, church organizations, and patients families. Another, "Better Lines of Communication Needed Between All Licensing and Welfare Agencies" on both the state and county levels and with the state and county commissioners' offices, the state and county attorneys, the nursing home administrators, and all concerned with the welfare of persons needing nursing care. This discussion was moderated by Mrs. Roberta A. Lee. Mr. Grant K. Hyer, Chief Social Worker, Veterans Administration Hospital, Helena, Mont., who was toastmaster at the banquet, moderated the third round-table discussion on the "Responsibility of all persons and departments assigned to patients' care, whether physical, mental, spiritual, or social."

Wealth of Information

All members are most appreciative of the wealth of information gained at this convention; and deemed it a privilege to attend the A.N.H.A. Governing Council meeting, and listen to the overall planning of that important body. Old friendships were renewed, new friendships developed. Our one regret was that all members were not present and that more potential members were not able to be present to enjoy the good fellowship. Truly, it was a most successful convention.

PROFIT (Cont. from page 3)

responsible national organization.

The national organization is responsible for collecting data—"how to" and "why"—not many books have been published on nursing homes and their operation and most of the written data has originated in the ANHA.

The ANHA, speaking as a national voice, can create effective, powerful liaison with groups of mutual interest, i.e., American Medical Association, American Dental Association, American Hospital Association, etc.

Mutual Problems

Information on current developments is collected and transmitted by the ANHA. The national organization aids the state and district organizations in meeting crucial problems. Mutual knowledge of problems in other state groups helps set a pattern for solving ours.

Programs for our mutual good can be activated by a national organization. Legislation can be molded or fought more effectively — especially with representatives right in the national capitol. Together we can lay solid foundations for justified rates.

Unified and with enough voices to impress the public and the press, we can get a favorable public observance of *nursing home day*. Through the "Nursing Homes" we can receive monthly the latest news in our field. Through our national conventions we hear speakers of top calibre on the latest innovations in our profession.

A national group membership adds prestige when we as individuals are trying to get loans for remodeling or building.

Socially there are many benefits—increasing our circle of friends; combining our vacation with the national and state conventions; and the numerous intangible personal benefits.

Need any more reasons for going national?

Nursing Homes

OFFICIAL JOURNAL - AMERICAN NURSING HOME ASSOCIATION

IN THIS ISSUE

COVER:

At the ANHA 1961 Convention, you will become familiar with all the names listed on the Cover. We are presenting at this convention an unparalleled group of speakers. These outstanding and nationally known personages are thoroughly versed in their fields — construction, architecture, finance, food, business, legislation, and governmental services and assistance.

EDITORIAL OFFICE:
1346 Connecticut Avenue N.W.
Washington 6, D. C.

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Free Service for the Blind

By ALICE B. FRAZER, Health Education Consultant, and WILLIAM E. COX, Physical Therapy Consultant, of the Nursing Home Services Section, Division of Chronic Diseases, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington D.C.

Nursing homes have an unparalleled opportunity to make life more pleasant for those of their residents who have certain vision impairments – and it costs nothing to either the resident or the nursing home. This is the *talking book service* provided by the Division for the Blind of the Library of Congress.

The impairment of eyesight is one of the characteristics of advancing age. Usually, it is first noticed by the difficulty experienced in reading ordinary print. When print can no longer be read even with correcting glasses, it is generally found that the individual is legally blind and entitled to a number of services and benefits.

Talking Books

The use of *talking books* is one of the services these persons may have – at no charge. There are books for every taste. For relaxation, there are books of humor, and pleasant tales about everyday life. For those who enjoy the thrill of vicarious adventure there are detective stories and westerns, in addition to books on travel and adventures, past and present. The Bible and other religious works provide comfort and inspiration. The problems of these troubled times are presented, analyzed and expounded in books on foreign affairs, politics and life in this atomic age. Best sellers offer the opportunity to read the books being currently purchased and discussed by the public, while the classics and other standard works of literature satisfy the tastes of those who prefer books that have stood the test of time.

These books are loaned free of charge through 31 regional libraries, and are carried by the United States mail free of postage. *Talking book machines,* which are phonographs especially designed for these records, are also loaned free of charge through 55 State agencies. They are kept in repair and replaced when necessary at no expense to the borrower.

Eligible for Service

To be eligible for this service, an individual's visual acuity should be no more than 20/200 in the better eye with correction, or his angle of vision should be no greater than 20 degrees as certified by a licensed ophthalmologist. Certification entitles the blind person to a number of services by State agencies for the blind. When these machines and records are used by persons in nursing homes, some one person – the administrator or someone designated by him – must be responsible for seeing to it that the machines are used for the blind residents only. The copyright restrictions make this necessary. The designated person should try to visit the local lending agency and the library if possible, to obtain more details.

Nursing home administrators who would like to help their eligible residents receive this service, can obtain catalogs describing all the *talking books* currently available by writing to the Division for the Blind, Library of Congress, Washington 25, D.C. The books are arranged by subject matter areas. The description includes the name of the person doing the reading and the number of records involved.

Of particular interest, the magazine "Senior Citizen" is now being done in the *talking book* series.

The catalogs also contain the source of supply for both the machines and the books (records) in each State. In addition to records, tapes are also available, but the patient or the home has to supply the tape recorder.

A good source of information about services for legally blind patients are the State and local social welfare departments.

Frank L. Marsh Honored

At the 13th Annual State Convention of the Michigan State Nursing Home Association, Frank W. Marsh, vice president of Region IV of the American Nursing Home Association, was honored for his work in behalf of Canadian and United States nursing homes. Robert Dominic is shown putting an Indian "chief's" headdress on Mr. Marsh, after the Manda-bee-kee (Water Wonderland) dancers had given him the Ottawa name "A-Taw-KA", which means "one who steers through."

Dental programs for Chronically Ill and Aged

Expanded dental programs for the chronically ill and the aged in nursing homes were recommended by the American Dental Association at a May 22, 1961, meeting in Chicago.

Medicine, hospitals and nursing joined with dentistry in considering ways these programs can be broadened.

Participating in the meeting at the headquarters of the American Medical Association were members of the Tripartite Committee consisting of the AMA, American Hospital Association and American Nursing Home Association.

Payment at Community Level

In a statement prepared for the committee, the American Dental Association urged that a method of providing payment for dental care be devised for nursing home residents who want the care but are financially handicapped. The payment method, the Association said, should be determined at the community level.

In another recommendation, the Association urged that portable dental equipment be available so that dentists may render necessary treatment in the nursing home for non-ambulatory patients.

In addition to several suggestions for dental care for the chronically ill and the aged in nursing homes, the Association statement outlined the roles of the nurse, the dentist and the patient in the program.

The need for dental care among the chronically ill and the aged who are residents of nursing homes is well recognized by the dental profession. If the needs of the chronically ill and the aged are to receive the attention they deserve, leadership by the health professions is essential. If expanded dental programs in nursing homes are to meet the high standards recommended by the dental profession, dental societies should provide the necessary leadership.

The following statements and suggestions for dental care for the chronically ill and the aged are submitted:

1. All nursing home residents should receive a dental examination at the time of their initial entrance into the home.
2. Local dental societies should develop programs to provide for relief of pain and elimination of infection for nursing home residents.
3. Ambulatory residents should be transported to the dental office of their choice for necessary treatment.
4. Portable dental equipment should be available in order that dentists may render necessary treatment in the nursing home for non-ambulatory patients.
5. It must be remembered that many of the residents of nursing homes who have dental problems are either unwilling or unable to acept dental treatment.
6. It must also be remembered that, if the national picture of the edentulous patient without dentures is similar to that found among nursing home residents in Illinois (29%) it will be impossible to provide a total and immediate remedy without seriously taxing the dental manpower and the financing agency.
7. Some method of providing payment for care should be developed for those nursing home residents who desire care but who are not financially able to purchase it. The method should be determined at the community level.

Additionally, the following program of oral hygiene for the day-to-day care of the residents of nursing homes is recommended. This regiment of daily care may be the starting point of the entire dental care program:

1. *The Nurse's Role*: One of the most important considerations that a nurse should have for the patient is that of good oral hygiene. In nursing homes, many patients do not have the strength or emotional stability to maintain good oral hygiene. The nurse should aid and instruct the patient in brushing his teeth at proper times. Where this procedure is not possible, the patient's lips, teeth and gingivae should be rubbed lightly with moistened cotton or gauze. All removable prosthesis should be properly cleansed The nurse should be trained to identify oral lesions, swellings and other irregularities, and to call the dentist when such lesions are noted.

2. *Instructions to the Patient*: In order to encourage full cooperation, the patient should be instructed in the following areas of personal hygiene:

   a. The role of toothpastes, powders and mouthwashes in proper oral hygiene,
   b. The methods of toothbrushing and the type of brush to use,
   c. The proper use of dental floss,
   d. The care and cleansing of prosthetic appliances,
   e. The importance of daily oral hygiene maintenance for the patient's well-being.

3. *The Dentist's Role*: Periodic examination, relief of pain and the rendering of necessary professional services are the responsibility of the dentist. The dentist in conjunction with the physician, should indicate the diet for the patient to insure proper nutrition.

Minnesota Hospitals join hands to offer Low-Cost Medical Care

Five Saint Paul hospitals and two foundations pool resources to operate new Out-patient Center dedicated to treatment, training and basic medical research.

An experiment in low-cost medical care, training and research — recently initiated in Saint Paul, Minn. — could be the forerunner of a nationwide pattern of community responsibility in the health field.

The story is a simple one, yet it is fraught with all the elements of compassion, dedication and foresight which are everyday tools of the medical profession.

(Con't. on page 8A)

Leo Dalebout named by Utah group

The Utah Professional Nursing Homes Association announces the appointment of Leo W. Dalebout as executive secretary. Mr. Dalebout comes to this position with academic training as a sociologist and psychologist and with wide experience as a counselor and business administrator.

A graduate of the University of Utah, Mr. Dalebout worked as sociologist and religious counselor until World War II when he was called as a chaplain, serving three years in the China, Burma, India (CBI) theatre of operations.

He has acted as Chaplain of the Utah State Hospital and as administrative director of the Utah Psychological Center, a private counseling agency.

Mr. Dalebout served three terms as a member of the Utah State legislature during which time he was appointed to the Legislative Council and was selected as Utah Commissioner for Higher Education.

Continuing his interest in community affairs, Mr. Dalebout is a member of the Community Welfare Council and of the Utah Association for Mental Health, and is in demand as a public speaker.

Homes Expand Faster Than Over-65 Age Group

VNHA Cites Statistics Which Show Over 135% Increase In Number Of Beds

Nursing homes in Virginia are expanding far more rapidly than the state's spiralling population of senior citizens.

While persons in the 65 or over age group increased by 34.7% between 1950 and 1960, nursing homes increased by 63.8% during the past ten years.

Even more significant is the growth in the number of nursing home beds: a whopping 136% increase.

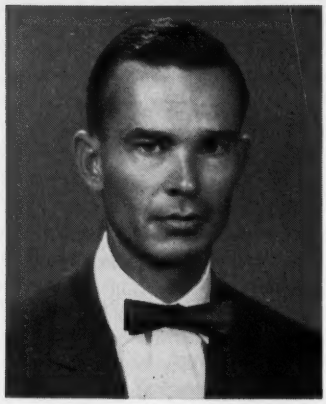
These figures were compiled by the Virginia Nursing Home Association from information obtained through the Census Bureau and from Robert D. Ham, Director of the Bureau of Medical and Nursing Facilities Services in the State Department of Health.

The Census Bureau figures show Virginia had 288,970 persons 65 or over in 1960, compared with 214,524 in this age group in 1950.

The figures from Mr. Ham's office reveal that nursing homes increased from 105 on January 1, 1951 to 172 on January 1, 1961, an increase of 63.8%. Paralleling this growth, according to the figures, was an increase from 1,968 to 4,643 in the number of nursing home beds.

Of special interest to nursing home owners is the trend toward larger nursing homes. The average number of patients accommodated by a nursing home in 1951 was 18.7. At the beginning of 1961 it was 26.9.

Harberson Named by California Association

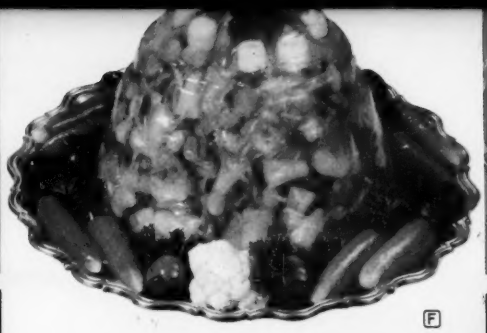


Mr. C. Robert Harberson has been appointed Executive Director of the California Association of Nursing Homes, Sanitariums, Rest Homes & Homes for the Aged, Inc., according to an announcement by President Mrs. Marion Gellmann.

Mr. Harberson has been with Governmental Affairs Institute, Washington, D. C., for the past four years as a management consultant. He has held previous positions in both private industry and the U.S. Government: five years with Northrop Aircraft, Inc., Hawthorne, California, and more than three years with the Economic Cooperation Administration.

Mr. Harberson is a graduate of Pomona College, Claremont, California, and was a graduate student in the School of Public Administration at the University of Southern California ,Los Angeles. During World War II, he served for over three years in the U. S. Army.

Mrs. Gellmann also announced that the new Executive Office of the Association has been established at 451 Parkfair Drive, Suite No. 2, Sacramento 25, California.



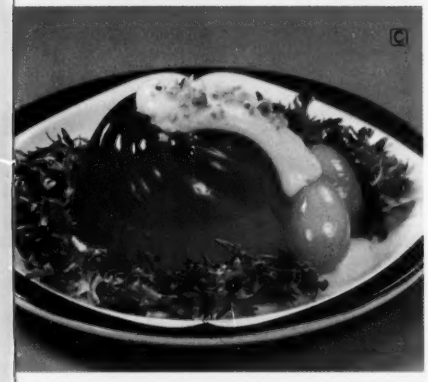
F

11 ideas for serving colorful, delicious

Sexton Gelatines

Sexton gelatines have captured nature's own fresh-fruit taste in a wide variety of palate-pleasing, eye-appealing flavors. Delicious for salads or desserts, they take only minutes to make and cost only pennies per serving. They will stand up for hours, remaining firm in form, clear in color and fresh in flavor. And because they are low in calories, salt free* and with vitamin C added, Sexton gelatines have particular appeal to the diet-conscious.

**Except Black Raspberry*



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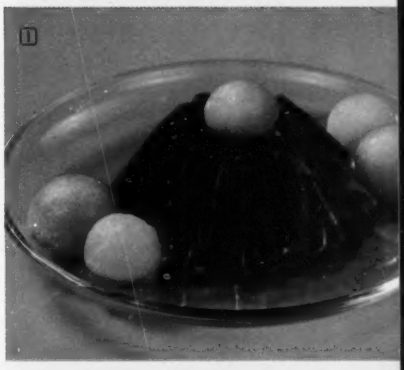
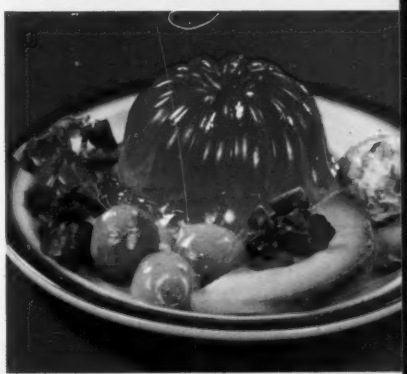


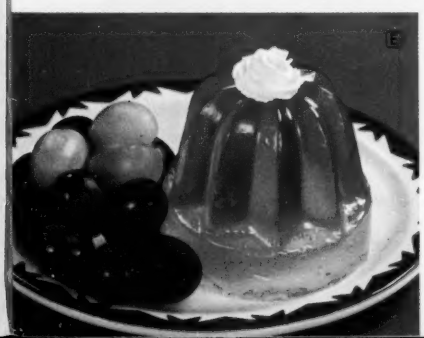
D

A Melba gelatine garnished with Sexton peach slices. B Citrus gelatine with lettuce and sections of Sexton grapefruit and mandarin orange. C Wild Cherry gelatine with Sexton mayonnaise and nut topping; bordered by endive and Sexton kumquats. D Sexton 5-flavor gelatine melange, with cubes of orange, lime, black raspberry, lemon and wild cherry. E Apple gelatine with grapes. F Buffet salad of Lemon gelatine molded with Sexton pineapple tidbits and marshmallows, white raisins and shredded carrots; bordered by Sexton tiny whole carrots, stuffed olives, cauliflower and rosebud beets. G Red Raspberry gelatine topped with whipped cream and decorettes. H Lime gelatine enclosing shredded cabbage, Sexton pimientos and green peppers; garnished with a radish rose, endive and pecan-capped cheese ball. I Black Raspberry gelatine with melon balls. J Orange gelatine bordered by water cress, avocado slices, cream cheese ball with grated nuts and Sexton Royal Anne cherries. K Strawberry gelatine with marshmallow and strawberry slices within; decorated with whipped cream and a halved fresh strawberry.

D



China shown is McNicol, distributed by Sexton.



E

Sexton

Quality Foods

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K

Minnesota — (Con't. from page 7)

Outpatient Center

The Saint Paul Outpatient Center has been established by five hospitals — Miller, St. Joseph's, St. Luke's, Children's and Riverview — with the support of the Wilder Foundation and the Hill Foundation of Saint Paul.

Operation of the Outpatient Center is under the direction of Dr. Winston R. Miller, who left a private practice in Red Wing, Minnesota, to take on the assignment.

The Center, which opened in January of this year, is geared to handle some 5,000 to 6,000 patients, who are expected to pay about 40,000 visits a year to the institution.

Financial support for the program is provided by patient fees (based on the ability to pay), and by funds from the five cooperating hospitals and the two local foundations.

This unusual experiment in community health-care responsibility has three major objectives:

1) To provide low-cost medical care for financially distressed residents of the area;

2) To offer internes and residents of the cooperating hospitals the opportunity to treat a great variety of medical problems, under the supervision of Saint Paul's leading doctors; and

3) To promote and carry on research, by pooling resources and facilities of the cooperating hospitals, in such basic areas as cancer and heart disease. (Such cooperation eliminates duplication of costly equipment, allows broader application of research techniques.)

A rotating pool of about 50 Saint Paul doctors contribute 20 to 30 hours a week of supervisory and teaching time in the Center's 21 subspecialty clinic areas. (Each subspecialty area is devoted to one of the major medical fields — for example: surgery, dermatology, internal medicine.)

The five cooperating hospitals provide about 35 internes and residents to staff the Center, again on a rotating basis; student nurses also take part in the training program.

Staff Personnel

The permanent staff of the Outpatient Center includes, in addition to Dr. Miller, five nurses and about 10 general employees.

Overseeing the operation of the Center is a Board of Directors which is comprised of a broad range of community and medical leaders from Saint Paul, including the President-elect of the Saint Paul Area Chamber of Commerce.

The Saint Paul experiment — and early evaluation indicates it will be a real success — will not only solve a community problem in providing quality medical care at low-cost for those who could not otherwise afford it, but will ensure a regular flow of highly trained and qualified doctors in all of the medical specialties.

ALFRED S. ERCOLANO

Comments . . .

Serving on a committee is an honor — and a work assignment, too. Committees are the place where actual progress is forged. Hammering out details is laborious, but it has to be done through representative groups, or the allover program would suffer. That's why "leaving it up to the chairman" is wrong as well as lazy; it cheats the membership at large. Members want GROUP decisions — and how one helps his committee arrive at them determines the true value of his contribution. Here are some ways to keep in mind:

ATTEND ALL POSSIBLE MEETINGS. Continued absence may be interpreted as indifference, not only toward the business to be accomplished, but also toward the other committee members. This militates against morale and substitutes resentment for the fun of working together as a team. Never let an unavoidable absence go unexplained.

PREPARE AHEAD FOR ATTENDING. Study the agenda carefully and anticipate the various questions that may arise. Gather all the facts available, including advantages and disadvantages of potential solutions. In other words, decide which course to advocate, but be ready to discuss alternatives.

FIND OUT WHAT OTHERS ARE THINKING. Decisions reached in an ivory tower may be logically sound but unpalatable to the members as a whole. They may be premature, in the sense that others affected may need additional exposure to the idea before any final decision is reached. They may be hard to grasp without considerable explaining. When a committee knows this, it won't go all-out on a plan that needs introducing by steps. Conversely, sounding out some members who don't serve on the committee may indicate readiness to go along on faster, stronger remedies than the committee had in mind.

BE PUNCTUAL ABOUT ARRIVING. One late-comer can hold up the whole committee, especially when the business is important. Time lost through waiting is compounded when matters already discussed or transacted are reviewed for the tardy person's benefit. If you are present and others have not come, urge the chairman to start the meeting on time (if a quorum is present) rather than wait for members who may not show.

BE BUSINESSLIKE. Help the chairman, and set a good example for others, by keeping pleasantries and irrelevant conversation to a minimum. If discussion wanders, help to guide it back again, either by re-emphasizing a previous point or asking a question. By your tone and what you say, keep the need for action apparent to the others. Don't be satisfied with inconclusive action; it's better to shelve a project by agreement than let it wither on the vine.

DON'T ARGUE NEEDLESSLY. Splitting hairs and raking over non-essentials is deadening to the committee process. State your facts, interpret them if necessary, answer questions courteously, give heed to rebuttals — and then let matters take their course. Stay flexible, so long as principle is not sacrificed. Preserve a balance between talking and listening.

The committee is often the proving ground for higher leadership. It is a favored spot getting better acquainted with fellow members. It gives one a chance to introduce ideas and win approval of others. Everybody profits when committee members excel in their assignments.

Alfred S. Ercolano

Executive Director

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A University Report on Administrator Program

By FRANCIS L. HURWITZ,* B.B.A., LL.B.
and
REUBEN J. MARGOLIN,* Ed. D.

**Director, Special Programs, Northeastern University, Boston; and Associate Professor of Social Science, Department of Special Programs.*

Northeastern University has been engaged, through its Department of Special Programs of the Center for Continuing Education, in developing a training program for nursing home administrators since the late summer of 1960. It is the first institution of higher learning to engage in such a pioneering venture. This, of course, makes for the excitation that comes from frontiersmanship; and which simultaneously engenders the sense of grave responsibility whenever the educator dares to venture forth into uncharted territory.

The initial request for a training program came from a courageous nursing home administrator who had been attending, along with three other nursing home administrators, workshop for nurses at a local hospital just south of Boston, Massachusetts. The four administrators felt that similar training programs specifically geared toward the problems of the nursing home would be of great value. Shortly after Labor Day, 1960, the Education Committee of the Massachusetts Federation of Nursing Homes met with Northeastern University's Department of Special Programs. During several meetings in September there was an intensive exploration of needs as seen on three levels: those of the administrators, those of the nursing homes, and those of the community; together with the setting of objectives to be gained. The approach was one of programming in adult education.

What is Adult Education?

What then should be our conception of adult education? Our society is dominated by a tremendous amount of change. The important fact, however, is the rapid acceleration of change. For the first time in the long history of man the knowledge and personal equipment we acquired in youth will not function adequately in our mature years. Until this present older generation, an individual could live his entire life and be able to have the formal education of his youth still valid and serve him. The only change needed was that of youthhood. The time span of social revolution now is a generation; whereas, formerly, several generations were required. We are the first generation doomed to obsolescence unless we accept and adapt to change throughout life. From the professions and industry comes loudly the cry "study or perish."

Adults demand education that serves their recognized needs. They desire a learning experience that helps them solve their immediate life's problems. Since they are in a position to demand suitable learning experience, adults usually insist on the following conditions. Adults desire to set their own prognoses; and so want to take out of *each* learning situation that knowledge and those skills and attitudes which fit their recognized needs. To the extent to which adults have the opportunity to share in defining their problems, is the degree to which they are free men, and the direct relationship will be behavioral change. Adults want educational experience that will help them master life, not merely subject matter. They want to draw upon organized knowledge as a resource that gives more meaning to their experience. Adults want their learning to be useful in the immediate or foreseeable future. Adults want to be actively involved in the learning process. Finally, adults demand competent leaders who have a thorough knowledge of a special field and the ability to relate that field to the purposes of the learner.

Adult Brings Learning

The adult brings to learning situations a tremendous range of stored learnings. The teacher should capitalize on the possibilities of transfer from the stored knowledge and skills of the adult. Some are negative attitudes, including the memories of childhood which make the adult learner bring to the school old feelings of insecurity. So the adult educator has the responsibility of trying to give the learner a sense of security and mastery without any feeling of shame or inadequacy.

There should be the understanding, by the adult educator, of differences in environment, culturally and technologically; the differences in behavior patterns because of subgroup affiliations. Further, an awareness that adults by their education and their experiences, may have ideas, tendencies, attitudes and interests which interfere with their modification of older learnings and acquisition of new adjustments.

Our explorations with the Education Committee were carried out in the light of these basic principles of adult education. We saw that the nursing home was occupying a position of ever-increasing importance in our medical and social communities. The rapid growth of the nursing home requires a careful analysis of its current status and the formulation of effective management methods. Therefore, we felt that we should focus on the administrator's role, and not patient care. However, it is important to recognize that the efficient administrator does affect patient care, and not just peripherally.

As the initial project in our training program, we undertook to conduct a residential workshop in nursing home administration in cooperation with the Massachusetts Federation of Nursing Homes. We had two basic objectives: (1) analytical discussion of the community image of the nursing home, with recommended procedures for future action; and (2) the development of sound management policies and practices for effective care of patients and for profitable operation. The Workshop was designed to serve

the needs of top-level administrative personnel responsible for policy and operation; primarily, the owner-manager.

Workshop Held

The Workshop was held at the Andover Inn, on the campus of Phillips Andover Academy, Andover, Massachusetts, from Monday evening, November 28 through Thursday afternoon, December 1, 1960, and involved 31 nursing home administrators. Concentration on the initial sessions through Tuesday night was on management principles in the organizational setting, with a concern for recruitment, training, and supervision of personnel. There was then a consideration of the interaction and behavior patterns in a social system; the relationship of staff to outsiders; and how patient care is affected. The nursing home was then related to the general community as well as to the medical community and how the community could be improved.

We endeavored to involve maximally the participants, and we did this by maximizing the opportunity for audience participation. Each participant was given a take-home notebook which included prepared outlines of all staff presentations, supplementary selected materials, bibliographies and relevant articles. The staff numbered eleven, involving, in addition to the writers, five members of the Northeastern faculty, as well as the Director of Hospital Facilities, Massachusetts Department of Public Health;* Superintendent, Boston City Hospital;* the Director, Medical Care Studies Unit, Beth Israel Hospital, Boston;* and the Executive Director, Massachusetts Federation of Nursing Homes.*

Through daily evaluation followed up with a post-workshop evaluation, we learned that additional training was desired. Also, we obtained clues for a more effective design for subsequent workshops.

Immediately following the workshop two steps were taken. We met with the Director of Hospital Facilities, Massachusetts Department of Public Health to explore the broad areas and the limitations of our training program from the perspective of the Department of Public Health. Since the initial venture last November, we felt it important to consult constantly with the Director of Hospital Facilities in all of our planning and programming.

Another meeting

After this meeting we met again with the Education Committee of the Federation and went through the same process of exploring how we might best further the continuing education of the nursing home administrators. From these deliberations it was determined to go into depth in some of the areas explored at the Andover Workshop namely, administration and interpersonal relations. We also discussed with the Education Committee a more comprehensive elvaluation of the seminars. On our proposal the Massachusetts Federation of Nursing Homes made a grant to the University in the amount of $500 for the evaluation of the seminars. A modest sum, but it was important as an expression of purpose. A competent social scientist from Boston University was engaged to conduct the evaluation. The purpose, as we saw it was two-fold: to determine the impact of the seminars upon those nursing home administrators who enrolled, and secondly to obtain some idea of the administrator's self-image of an ideal nursing home administrator's role. A report on this evaluation will be the subject of another paper.

The design of the seminars contemplated a maximum of 25 participants, to run three hours each session for a period of ten weeks, beginning March 15, 1961. While the offering was in cooperation with the Massachusetts Federation of Nursing Homes, at the request of the Director of Hospital Facilities, the seminars were opened to administrators of nursing homes not affiliated with the Federation. The response was phenomenal. We were required to hold second sections of each seminar on the following day, permitting 27 in each of the seminars in administration, and admitting 26 to the seminars in interpersonal relations.

Some 85 percent of those who participated enrolled for the two seminars. In each instance those who took a single seminar did so solely because of time pressure. Almost one third were unaffiliated with the Federation. However, a number of these have since become members of the Federation. Almost all of the administrators were from nursing homes located in the eastern part of the state. Because a number of administrators were unable to attend the seminars, due to lack of space, the request was made of us to undertake a program in the western part of the state, especially for nursing homes there. In our meetings with the Education Committee, our recommendations for a residential experience as the initiating experience was accepted. The design developed contained modification of the Andover experience, principally on the basis of the post-workshop evaluation by those participants. For the second workshop in nursing home administration, The Lord Jeffery Inn on the campus of Amherst College in Amherst, Massachusetts, was selected. The workshop was held June 5 through 8, 1961, with 21 in attendance.

Some Modifications

The Amherst Workshop design had these modifications. Sessions were held in the mornings and afternoons. In the evenings the workshop population was divided into two small discussion groups, each led by one of the authors. Though intended for the exploration of pertinent problems revealed in the day's presentations, the participants had the opportunity to build their own agenda. We found this modification a valuable contribution to the learning experience of the participant.

A new area was included: that of financial control and budgeting. And in addition to community relations, the areas covered included organization and administration, interpersonal and human relations, as well as the relation of the nursing home to the medical community. At some of the sessions we used the devices of the reaction panel and

Dr. A. Daniel Rubenstein; Dr. John F. Conlin; Mr. Jerry Solon; Edward F. Connelly, Esq.

the buzz groups. At the conclusion of the evening small group session, the participants were given evaluation sheets to fill out. Again, the participants were given a take-home notebook with materials covering the various sessions, and reading and bibliographical materials as well.

In the week following the workshop the participants received a post-workshop evaluation sheet. Returns have already been received. We have valuable suggestions for further redesigning of the future workshops which should enhance the learnings of participants. Two things especially were noted, we shall have to add a day to any future workshop, and there is an almost unanimous desire to have further training opportunities, especially seminars, such as were offered this past Spring.

An innovation at the Amherst Workshop was having the members of the instructional staff join the group for dinner the evening before their appearance and sit in on the evening small group sessions. There was mutual benefit through this procedure; the staff persons were able to know the group better; the participants found they could relate better to these leaders. We shall continue this practice in future workshops. Also, we were the beneficiaries of the presence of the Health Education Consultant, Nursing Home Services Section, Division of Chronic Diseases, Public Health Service, Department of Health, Education and Welfare,* who came on from Washington to observe the Workshop.

In the evaluation of both the seminars and the workshops, there was unanimous agreement that further training opportunities were needed. Advanced seminars will be offered to those who have completed the basic seminars. Four areas were selected including mental health of the aged, rehabilitation in a nursing home setting, financial operations ,and social gerontology. It is interesting to note in regards to the first two areas that the Chief, Division of Chronic Diseases, Public Health Service, Department of Health, Education and Welfare,* in his address at the Massachusetts Federation's twelfth annual convention, urged his audience to be concerned with mental health and rehabilitation as they are extremely important to the welfare of their patients. In regards to the offering in social gerontology we envisage an inter-disciplinary staff to possibly include a psychiatrist, a physician, a social worker, a nurse, a psychologist, a sociologist, and an anthropologist.

Definite Interest Shown

We thus find definite expressions of interest by nursing home administrators for their continuing education. We contemplate undertaking during the coming academic year, in the Fall: the two basic seminars in organization and administration and in interpersonal relations; and two advanced seminars in finance and mental health plus a third workshop. In the Spring of 1962 we would again conduct the basic seminars. The advanced seminars would be in rehabilitation and social gerontology.

During these months of program development, the Education Committee of the Federation, also explored with us the possibility of developing a professional certification program for nursing home administrators. We see this as reflecting a commendable desire to up-grade the professional status as well as the training background and qualifications of administrators. This is no longer the dream of a few visionaries. It is a reflection of a constantly growing number of owners and administrators who have taken considerable time out to participate in the training offerings at Northeastern, some 100 since the program started less than seven months ago. More than half of this number have attended both a workshop and the seminars.

As to our goals for the future we see our operation on three levels. (1) Further development of our current training program, through residential workshops and weekly seminars. (2) A special social gerontology program involving an interdisciplinary staff of five or six, working with a small number of nursing home administrators, preferably no more than 20, who may have to be specially chosen, at least for the initial undertaking. Our explorations in social gerontology we consider as vitally significant because it will provide us, we hope, with the theoretical underpinning necessary to the practitioner's operations. (3) Investigation of a professional certification program. In order to develop a meaningful certification program, we intend to invite outstanding leaders from the fields of medicine, geriatrics, nursing homes, human relations, executive development, and rehabilitation to sit down and explore with us the basic essentials necessary for a nursing home administrator to be considered properly trained and qualified.

Experimentation Needed

To realize our goals means breaking into new frontiers of training; considerable experimentation will be involved; responsible evaluation will be required. Nevertheless we are challenged by the nursing home administrator's desire to become efficient and professional in his role, mindful of his responsibility of effective leadership both within his institution and in the community. Such training, we believe, will have direct effect on the welfare of the patient in the nursing home. We already have evidence of this from the administrators who have participated in our training programs.

We feel constrained to add that for the fullest development of our program considerable funds will be necessary. We trust that we shall be able to obtain funds from the Department of Health, Education and Welfare; from the American Nursing Home Association; and from foundations interested in the welfare of our senior citizens, in order to validate and enhance Northeastern's continuing education program for nursing home administrators.

The future looks optimistic. A trained nursing home administrator with the ability to initiate programs soundly based in human relations and good patient care will be performing a valuable community service; and incidentally help to dispel the current negative community image. He can join with dignity and on an equal status level the ever widening circle of acceptable administrators in the medical profession.

Miss Alice Frazer

Dr. Leslie W. Knott

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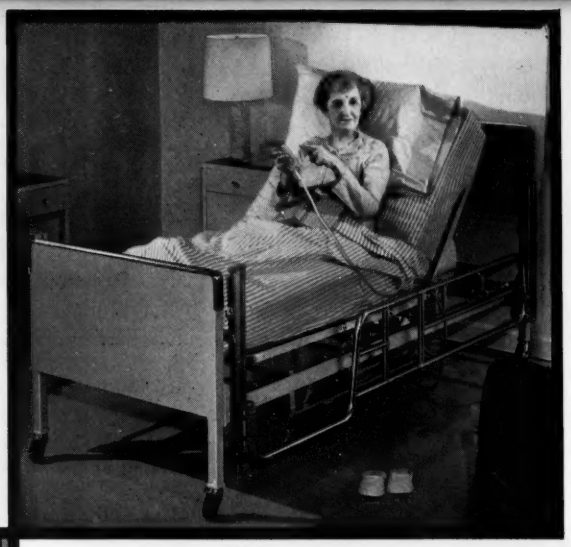

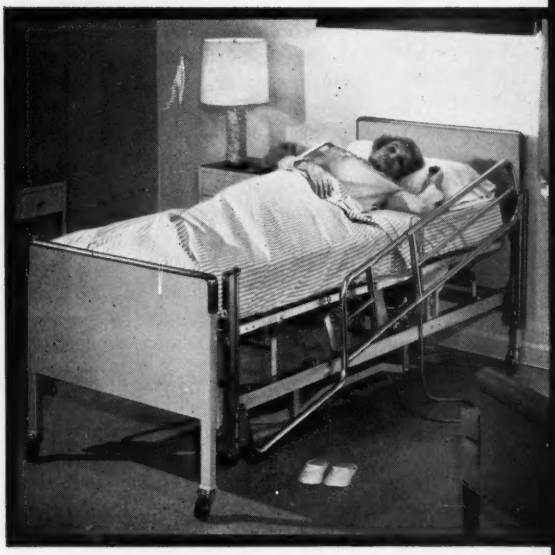

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Time for
FRESH PRODUCE

It's harvest time for two of our major produce items — tomatoes and peaches. Much of our tomato crop has already been marketed and the large volume of the peach harvest is due in the next three weeks. Homegrown sweet corn is less important so far as total volume produced for fresh market sales, but it's always welcome for its flavor and economy.

Though quality is small by comparison, homegrown field peas and green beans can be found in some stores, offering good quality for lower prices than we usually pay. Arkansas poultry shares the good value spotlight with homegrown produce. Fryers offer their usual good value and turkeys are lower cost than they've been in months.

Peaches are cheap enough by the pound for generous use in meal planning, but canning and freezing sales offer lower prices by the bushel later in the season. Harvest time is here for Burbank July Elbertas and Sullivan's Early Elbertas. Red Elbertas and regular Elbertas will be ready for harvest the last of July, along with other later maturing varieties. For best home frozen peaches, watch for quantity bargains on these varieties: July Elberta, South Haven, Colora, Primrose and Cream Elberta.

Tomato Demand

Fresh tomato prices are variable, depending on availability of tomatoes for local markets. More than likely, we'll not be buying many low priced homegrown tomatoes in grocery stores this year. Nationally, supply of tomatoes is smaller this year than last. As a result, growers have received good prices for their tomatoes throughout the season.

At the peak of the season tomato growers must sell as much as 100 truck loads of tomatoes a week. Much of the early harvest sells as "pink wraps" to be held in cool storage until after the field ripened supply is exhausted. Others are picked at a near-ripe stage to be shipped to urban areas for immediate sale. Some growers make individual sales; others market as an organized cooperative.

Tomato Care

Choose tomatoes that are plump and free from hard places, decay spots and unhealed cracks. If they have growth cracks, they should cost less per pound than perfect tomatoes, as you will have trimming waste. Tomatoes do not have to be completely ripe when you buy them. If they are good quality and have not been stored at refrigerator temperatures. Tomatoes that have been stored at temperatures below 50° F. at any time will soften when returned to room temperature for ripening.

Keep Peach Color

Did you ever notice how rapidly the rich color of peeled peaches turn to an unappetizing brown? This browning results from a chemical union of oxygen with the flesh of the peach. It can be prevented, but once the change has occurred, the original color cannot be restored.

A simple method of preventing peach browning is this: dissolve 1 tablespoon of honey in 2 tablespoons of hot water and dip peach pieces into the solution. This is effective for about an hour — so it will keep color of fresh peaches from meal preparation time until dessert time. For the more permanent effect necessary for home freezing, ascorbic acid is needed. Pure crystalline ascorbic acid may be bought at drug stores or commercial preparations containing ascorbic acid (ACM or Fruit Fresh) may be bought at most grocery stores. To keep peaches from developing the least bit of brown color, mix 2/3 cup of sugar with 1/4 teaspoon ascorbic acid of 1/2 to 1 teaspoon commercial preparation for each quart of peaches. As you peel peaches, slice them into a quart container, sprinkling each peach with the mixture as you slice it. Color may be kept in canning peaches by dropping peeled peaches into a solution made of 2 tablespoons of vinegar and 2 tablespoons of salt to the gallon of water.

Sample Menus . . .

(For Those Not Requiring Special Diet)

Ask a person about his nursing home and he will likely tell you about the food. Food that tastes good goes a long way toward keeping nursing home residents happy. Food that meets the daily nutritional needs of the residents goes even further toward keeping them well.

For some, good planning and preparation of the normal diet is enough; others need special diets; those who can take normal diets but have trouble chewing need to have some foods ground or chopped.

A diet that satisfies the wants of the people in your home might not satisfy their needs. Check yourself each day to see that you are providing for each patient, (1) at least a pint of milk as a beverage or in cream soups, custards, or creamed foods; (2) two or more servings (two or three ounce size) of high quality protein; (3) four or more half-cup servings of vegetables or fruits, (include in this group a good source of Vitamin C each day and a green or yellow vegetable every other day); (4) four or more servings of enriched bread or cereal. Other foods should be included as needed to complete meals and provide needed food energy. Except in specific instances, no bread or beverage (other than milk) has been listed in menus below:

* See Enclosed Receipes For:
Fourth of July Ribbon Salad
Melon Ball Salad
Baked Hamburger Steaks

	4	5	6
Breakfast	Sliced Bananas with Rice Krispies and Cream Soft Scrambled Eggs Buttered Toast Apple Jelly	Grape Juice Waffle with Homemade Maple Syrup* Crisp Bacon	Stewed Prunes Post Toasties with Milk Soft Cooked Egg Buttered Toast — Jelly
Lunch or supper	Baked Macaroni and Cheese Broccoli with Lemon Butter Shredded Carrot and Diced Pear Salad Fresh Apple Pie	Baked Meat Loaf-Vegetable Sauce Cheese Topped Baked Potato Seasoned Brussels Sprouts Chopped Green Salad with Thousand Island Dressing Lemon Chiffon Pie	Baked Hamburger Steak Snowflake Potatoes Glazed Carrots Molded Mixed Fruit Salad Grapenut Tapioca Pudding
Dinner	Beef Stew with Egg Noodles Buttered Asparagus Peach Half with Peanut Butter-Honey Center Ice Cream	Spanish Rice with Diced Bacon Seasoned Green Beans Sweet Potato Casserole- Marshmallow Topping Hot Buttered Whole Wheat Roll Grapenut Pudding	Cream of Potato Soup Saltines Grilled Cheese Sandwich Pear and Cottage Cheese Salad Orange Sherbet

	11	12	13
Breakfast	Stewed Apricots Hot Cream of Wheat and Grapenuts with Milk 3 Minute Boiled Egg Buttered Raisin Toast	Blended Pineapple Juice Bran Flakes — Milk Crisp Bacon Slices (2) Buttered Toast Homemade Maple Syrup	Blended Peach and Citrus Juice Pancakes — Syrup or Honey Crisp Bacon Slices
Lunch or supper	Beef Stew with Noodles and Vegetables Seasoned Spinach Topped with one-half Hard Boiled Egg Apple Brown Betty	Baked Pork Chop Boiled Potato in Jacket with Butter Cooked Green Cabbage Wedge Peach Pinwheel Salad — Red Jello Center Frozen Custard	Steamed or Broiled One-Fourth Fryer Steamed Dry Rice with Natural Chicken Gravy Seasoned Steamed Okra Pods Mixed Fruit Molded in Orange Jello Yellow Cake Slice
Dinner	Baked Macaroni and Cheese with Crisp Bacon Hot Buttered Asparagus Sliced Tomato Salad Banana Pudding — Milk	Ground Beef-Cheese- Spaghetti Casserole Vegetable Medley* Cherry Cobbler Alamode Milk	Okra and Tomato Gumbo (Soup) — Saltines Hot Bologna Slice Baked Potato Cubes Stewed Prunes Hot Bread — Butter

	18	19	20
Breakfast	Chilled Orange Juice Wheat Chex with Frozen Berries and Cream Whole Wheat Toast — Butter Apple Jelly	Chilled Sliced Peaches Hot Protein Plus Cereal Milk Pancakes — Homemade Maple Syrup	Frosted (in season) Fresh Berries Corn Flakes — Milk French Toast — Homemade Maple Syrup
Lunch or supper	Salisbury Steak Baked Potato with Butter Steamed Yellow Squash Chopped Lettuce Salad with Tomato Soup Dressing Raisin Pie	Ham Loaf with Sauteed Pineapple Slice Baked Cream-Style Corn Seasoned Fresh Green Beans Cantaloupe Alamode	Broiled Liver with Bacon Strips Snowflake Potatoes Seasoned Frozen Greens Harvard Beets Pear and Plum Compote Vanilla Cookies
Dinner	Creamed Turkey and Green Peas on Toast Steamed Frozen Spinach Citrus and Banana Fruit Cup Iced Cupcake Milk	Spaghetti with Meat Balls in Tomato Sauce Tossed Green Salad French Dressing Raspberry Apple Sauce Pound Cake Slice — Milk	Shirred Eggs with Link Sausage Potato Pattie Tomato Aspic Salad Angel Food Cake Chocolate Ice Cream

	25	26	27
Breakfast	Chilled Grape Juice Assorted Dry Cereal — Milk Soft Cooked Egg Hot Bran Muffin — Butter Apple Jelly	One half Grapefruit Soft Scrambled Eggs Crisp Bacon Whole Wheat Toast — Butter Grape Jelly — Milk	Chilled Orange Juice Waffle — Syrup or Honey Crisp Bacon (2) — Milk
Lunch or supper	Macaroni and Cheese Crisp Bacon Slices Seasoned Brussels Sprouts Steamed Carrots and Peas Fresh Berry Cobbler Alamode	Baked Meat Loaf — Vegetable Sauce Potato Patties Buttered Green Beans Sliced Tomato Salad French Dressing Watermelon Slice	Sliced Roast Beef Steamed Dry Rice Buttered Green Asparagus Tomato and Shredded Lettuce Salad — Mayonnaise Sponge Cake
Dinner	Broiled Veal Cutlet — Tomato Sauce Buttered Green Lima Beans Peanut Butter Muffin Pineapple Tapioca Pudding — Milk	Creamed Chicken and Green Peas on Toast Fruit Salad (Peach, Pear, Pineapple) Sugar Cookies Hot Chocolate with Marshmallow	Beef Stew with Vegetables (Potato, Carrot and Celery) Buttered Spinach Citrus Fruit Cup Pound Cake Slice — Milk

. . . for a Month

	1	2	3
Breakfast	Chilled Tomato Juice Wheat Chex with Milk Crisp Bacon Buttered Toast Grape Jelly	Chilled Orange Sections Farina — Milk Plain Omelet — Bacon Strip Toasted Sweet Roll	Chilled Grapefruit Juice Chipped Beef and Chopped Hard Cooked Egg in Cream Sauce on Toast Milk
Lunch or supper	Oven Fried Catfish Steak Parsleyed Buttered Potatoes Seasoned Green Beans Fruited Jello Salad Fresh Peach Cobbler	Easy Served Baked Ham Slices* Seasoned Turnip Greens and Roots Candied Sweet Potatoes Hot Bran Rolls Fresh Sliced Peaches Pound Cake Slice	Baked Sliced Turkey — Celery Dressing Giblet Gravy Cauliflower Au Gratin Seasoned Green Peas Fresh Tomato Slice Cherry Cobbler Alamode
Dinner	Ground Beef-Cheese and Spaghetti Casserole Buttered Mixed Vegetables Hot Buttered French Bread Oatmeal Cookies Milk	Ham a la King Buttered Green Lima Beans Finely Chopped Tossed Salad with French Dressing Gingerbread Milk	Creamed Turkey in Mashed Potato Nests Seasoned Green Beans Sliced Fruited Beets in Harvard Sauce Custard Pudding Hot Cocoa

7	8	9	10
Fresh Cantaloupe Slices Ralstons with Milk French Toast Peach Preserves	Chilled Vegetable Cocktail Juice Hot Oatmeal with Milk Soft Cooked Egg with Crisp Bacon Buttered Toast — Honey	Chilled Citrus Juice Assorted Dry Cereals — Milk Poached Egg on Toast Grape Jelly	Chilled Seeded Grapes Hot Oatmeal with Crushed Pineapple and Cream Scrambled Egg Buttered Toast
Roast Veal with Gravy Mashed Sweet Potatoes Okra and Tomato Casserole Relish Hot Bread — Butter Mincemeat Square	Baked Salmon Patties with Egg Sauce Baked Potato in Jacket Combination Diced Pear and Pineapple Salad on Lettuce Lemon Sponge Cake	Baked Liver and Sausage Loaf* Whipped Potatoes Seasoned Green Beans Pear and Plum Compote Oatmeal Cookies	Roast Beef in Natural Gravy Oven Browned Potatoes Seasoned Greens with Roots Shredded Green Tossed Salad Baked Apple with Custard Sauce
Toasted Open Face Grated Cheese Sandwich Lyonnaise Potatoes Buttered Green Peas Waldorf Salad Chocolate Chip Cookies — Milk	Cream of Chicken Soup — Saltines Sliced Pickle & Pimiento Loaf Scalloped Potatoes Seasoned Mixed Greens Floating Island	Pot Roast of Beef — Gravy Cream-Style Corn Buttered Frozen Spinach Pickled Beet Salad Angel Food Cake Topped with Chocolate Ice Cream Milk	Hot Beef Vegetable Soup Toasted Crackers Small Assorted Fruit Plate Jelly Layer Cake Milk

14	15	16	17
Chilled Pineapple Cubes Plain Egg Omelet Crisp Bacon Sweet Roll Milk	Kadota Figs Hot Ralston Cooked in Milk Crisp Bacon Slices Toast — Butter — Jelly	Mixed Citrus Juice Soft Cooked Egg Crisp Bacon Buttered Toast Strawberry Preserves	Broiled One-Half Grapefruit with Brown Sugar Poached Egg on Toast Broiled Link Sausage
Baked Liver with Mushroom Sauce Snowflake Potatoes Cold Canned Tomatoes Harvard Beets Fresh Frozen Peaches Plain Cookie	Baked Haddock — Tarter Sauce Spanish Rice Seasoned Steamed Spinach with Egg Orange and Honey Ambrosia with Butter Cookies	Roast Pork — Gravy — Dressing Seasoned Steamed Green Peas Seasoned Brussels Sprouts Fresh Fruit Peanut Butter Cookies*	Turkey Tetrazinni on Rice Glazed Carrots French Cut Green Beans Beet Relish Pineapple Upside Down Cake
Spaghetti with American Meat Sauce Seasoned Mixed Vegetables Hot Buttered Crackers Apple Sauce Cupcakes — Milk	Pickle and Pimiento Loaf Sliced Cheese with Saltines Hot Potato and Egg Salad Bread — Butter	Cream of Mushroom Soup Hot Buttered Crackers Baked Hamburger Pattie Buttered Asparagus Strawberry Ice Cream	Cold Meat and Cheese Slices — Saltines Molded Pear Salad Ice Cream — Brownie

21	22	23	24
Blended Orange and Grapefruit Juice Hot Oatmeal — Milk Soft Cooked Egg Buttered Toast — Jelly	Pineapple Juice Poached Egg on Toast Crisp Bacon Milk	Grapefruit Sections Scrambled Eggs Buttered Whole Wheat Toast — Honey — Milk	Corn Flakes with Milk Ham Omelet Hot Muffins — Butter Strawberry Preserves
Pot Roast of Beef — Gravy Duchess Potatoes Baked Acorn Squash with Honey Butter Molded Fruit Salad Floating Island	Tuna Cheese Puffs Steamed Rice Steamed Carrots Chef's Salad — Thousand Island Dressing Rhubarb Crisp	Hungarian Goulash Egg Noodles Seasoned Chopped Spinach Blushing Pear Salad Sponge Cake	400° Baked Chicken Baked Potato with Melted Cheese Topping Glazed Whole Carrots Citrus Fruit and Endive Salad Chocolate Ice Cream
Shepherd's Pie Seasoned Mixed Vegetables Peach and Cottage Cheese Salad Jello Cubes — Cookies — Milk	Cream of Tomato and Okra Soup Hot Buttered Crackers Open-Faced Melted Cheese Sandwich Caramel Pudding Fruit Punch	Clam Chowder or Fish Sticks Baked Potato Stewed Tomatoes Pineapple-Cottage Cheese Butterscotch Pudding — Milk	Baked Hamburger Pattie Scalloped Potatoes Buttered Broccoli Fresh Peach Ice Cream — Milk

28	29	30
Stewed Prunes Oatmeal Cooked in Milk French Toast Apricot Preserves	Stewed Rhubarb Hot Ralstons in Milk Poached Egg on Toast Crisp Bacon	Chilled Cantaloupe Slices Assorted Dry Cereal — Milk Jelly Omelet Buttered Toast
Braised Beef Liver with Mushroom Sauce Baked Potato — Butter Scalloped Potatoes Hot Corn Sticks Banana and Vanilla Pudding	Baked Tuna Fish Casserole Parsleyed Buttered Potatoes Buttered Broccoli Spears Beet and Pickle Relish Hot Corn Muffins — Butter Fruit Punch	Spanish Steak with Vegetable Sauce Steamed Rice Buttered Squash Chopped Cole Slaw Angel Food Cake
Cheeseburger on Bun Baked Potato Cubes Buttered Okra Grapenut Tapioca Milk Shake	Potato Fluted Frankfurters Buttered Green Asparagus Spears Sliced Tomatoes Hot Bran Muffins Cherry Cobbler Alamode	Toasted Deviled Ham Sandwiches Buttered Carrots Citrus Fruit Salad Baked Apple with Cream Milk

*See Enclosed Recipes For:

Easy Serve Baked Ham
Liver-Sausage Loaf
Vegetable Medley
Homemade Maple Syrup
Peanut Butter Cookies

Recipes for Sample Monthly Menus

EASY SERVE BAKED HAM

(25 Servings)

1 (6 lb.) canned ham
1 (1 lb.) jar apricot preserves (about 1½ cups)
Cloves, whole

Slice ham and tie together with string. If you do not have a slicer, your meat dealer may slice the ham on his slicer and tie it up for you. Place ham, fat side up, on rack in shallow baking pan. Spread apricot preserves over top. Stud with cloves. Heat in slow oven (325° F. 15 minutes per pound. Baste with pan juices 3 or 4 times while baking. Place on platter to serve. Cut and remove string.

LIVER-SAUSAGE LOAF

(25 portions — 2x3x½ inch — 3 oz.)

2½ lbs. ground beef liver
2½ lbs. pork sausage
½ cup chopped onion
5 eggs
3/4 tbsp. nutmeg
3/4 cup flour
3/4 tsp. salt
1 1/4 cups milk

Mix liver, sausage and onion. Add other ingredients and mix well. Place in two loaf pans 10x4x4 inches. Bake at 350° F. for 1½ hours.

VEGETABLE MEDLEY

(25 Servings)

1 (2 lb.) package frozen peas
12 medium carrots, sliced and cooked
2 quarts sliced celery, cooked
Seasonings
Butter or Margarine

Cook peas as directed on package. Simmer carrots and celery in just enough water to cover, until tender. Don't overcook; celery should be a bit crisp. Combine vegetables. Save liquid for vegetable soup. Season with salt and pepper. Serve with melted butter.

HOMEMADE MAPLE SYRUP

(Makes 1 quart)

1 pint boiling water
1 quart sugar
1 teaspoon maple flavoring

Mix sugar and water together in a saucepan. Bring to boil, stirring occasionally until sugar is dissolved. Add maple flavoring and serve immediately.

PEANUT BUTTER COOKIES

(5 to 6 dozen cookies)

1 1/8 cups vegetable fat
1 cup sugar, granulated
1 cup sugar, brown, packed
2 eggs, slightly beaten
1 cup peanut butter
3 cups flour, all-purpose
2 teaspoons soda
½ teaspoon salt
1 teaspoon vanilla

Cream the fat; add the sugar gradually, creaming these together until well blended. Add the eggs, and beat the mixture; add the peanut butter. Sift the flour, soda, and salt together and add these to the mixture; stir until all are well blended. Stir in the vanilla. Shape the dough into small balls and place them on to greased baking sheets. Flatten with a fork until the cookies are 1/4-inch thick. Bake at 375° F. for about 12 minutes. Loosen the cookies from the pan while still warm.

PENNY WISE MENUS

ITALIAN CHICKEN

Field Peas — Rice
Fresh Vegetable Salad
Whole Wheat Bread — Margarine
Peach Dumplings — Milk — Tea

BARBECUED PORK STEAKS

Corn-on-Cob — Green Beans
Fresh Peach and Cottage Cheese Salad
Herb Buttered French Bread
Ice Cream, Cookies — Milk — Tea

ITALIAN CHICKEN

1 young chicken, 2½ to 3 lb. ready-to-cook weight, cut up
½ cup olive oil or other fat
1 thinly sliced onion
½ lemon, thinly sliced
3½ cups canned tomatoes or 8 medium tomatoes
1 clove garlic
1½ tsps. salt
1/4 tsp. pepper

Cook chicken in hot olive oil until delicately browned, turning to brown evenly. Add onion and cook until onion is transparent and golden. Add tomatoes, garlic, lemon slices, salt and pepper. Cover and simmer until chicken is fork-tender and the tomatoes are reduced to a thick sauce, 40 to 50 minutes. Remove garlic clove before serving. Makes 4 to 5 servings.

PEACH DUMPLINGS

1 qt. fresh sliced peaches
2/3 cup sugar
4 tbsps. butter
1 cup flour
1½ tsps. baking powder
1/4 tsp. salt
2 tbsps. butter or shortening
1/3 to ½ cup milk

Put sliced peaches, sugar and butter in heavy pan with tight fitting lid. Bring peaches to boil. Sift flour, salt and baking powder together. Cut fat into flour mixture until texture is like corn meal. Add enough milk to make a drop-biscuit dough. Drop pieces of dough about the size of pecans over boiling peaches. Reduce heat, cover tightly and simmer for 15 to 20 minutes until dumplings are cooked through. Serve hot with cream or ice cream topping.

FRESH PEACH AND COTTAGE CHEESE SALAD

6 soft ripe peaches
1½ cups cottage cheese
6 Maraschino cherries
3 tbsps. honey
6 tbsps. hot water
Lettuce leaves

Mix hot water with honey in a small bowl. Peel peaches with sharp knife or loosen skins by dipping peaches into hot water 15 to 30 seconds, then in cold. After skins are removed, cut peaches in half, remove seeds and dip each half into honey-water mixture. Place two halves on lettuce leaves, fill centers with cottage cheese and top with cherries. Refrigerate until serving time. (Honey should hold bright color of peaches for at least an hour.) Makes 6 salads.

GOOD BUYS*

POULTRY — Fryers, turkeys.

PORK — Hams and Picnics, fresh roasts and steaks, sausage.

BEEF — Ground meat, chuck, round steak, veal steaks.

OTHERS — Eggs; lunch meats, liver, franks; tuna, frozen and canned fish and seafood; dairy products.

VEGETABLES — Potatoes, greens, corn, cabbage, celery, tomatoes, beets, squash, onions, carrots; dried peas, beans and rice.

FRUITS — Bananas, watermelons, peaches, cantaloupes; raisins; canned and frozen fruits, vegetables and juices.

* In plentiful supply and at prices attractive to food shoppers.

Relation of Nursing Home To Health Insurance

By J. F. FOLLMANN, JR.
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Presented before the Annual Convention of the New York State Nursing Home Association, Inc., Lake Placid, June 27, 1961.

Today the skilled nursing home has become an important component of comprehensive medical care.[1] It has come to play a role of increasing importance in the care of the aged and of the chronically and long-termed ill or disabled who do not require hospitalization but who cannot be cared for in their own homes or in the homes of their families. As the number and proportions of such cases continue to increase, the role of the skilled nursing home in a community must proportionately increase.

Here's the Picture

A composite picture of the skilled nursing home today is a predominance of privately owned and operated homes (90% of homes, 71% of beds),[2] a large proportion of which are classified as "non-acceptable;"[3&4] the personnel of which is largely aides, practical nurses, and "others," with registered professional nurses and physicians being fewer in number;[5] caring predominantly for older people (90% of patients are over 65, the average age being about 80)[3] with a high degree of disability, mental confusion, and incontinence,[6] and whose lengths of stay are long (averaging about one year, with two-thirds exceeding 60 days); and the per diem cost of which ranges widely (from $2 to $13.85 a day in 1959) among homes and among localities.[3] There emerges from this picture the fact that nursing homes are generally associated with urban areas of above average per capita income and with an unusual proportion of aged persons, the at times near isolation of these homes from the medical community,[5] the shortage or absence of what might be considered adequate professional skills, and a paucity of reliable and current diagnostic information concerning their patients.

Despite the growth in numbers and the importance, it is by no means a simple matter either to define or to categorize the skilled nursing home. There are wide variations in both the standards of facilities and operations. Many studies of nursing homes have been made in recent years. In their aggregate they display an image of some which are well equipped, well administered, and which provide a high degree of nursing and medical care; some which have poor physical facilities, which are inadequately operated, which provide insufficient nursing and medical services, and which are both unsanitary and unsafe; and some, perhaps the majority, which might be described as being somewhere between these two extremes.[3] The image at times has been contorted or thrown out of focus by sensational journalistic impressions of nursing homes.

It's Not Always Good

The net result, however, is that the public does not always have a good impression of the nursing home. This, of course, can result in part from the difficulty in distinguishing among the skilled nursing homes, the personal care homes providing skilled nursing care, the personal care homes without skilled nursing, and the sheltered or purely custodial homes for the aged. Whatever the reason, and however justified or unjustified the impressions, the result has been public discussion of the subject. As disconcerting as this might be, and to whatever degree such discussion is or is not

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Mr. Follmann is a Fellow of the American Public Health Association. He is a member of the American Sociological Association, the Committee on Medical Sociology, the Gerontological Society, the American Academy of Political Science, and the International Social Security Association. He serves on the Executive Committee of the Commission on Insurance Terminology, the Board of Electors of the Charles W. Griffith Memorial Foundation for Insurance Education, and is a member of the American Association of University Teachers of Insurance.

Mr. Follmann is the author of many texts, studies, monokrahs, and articles dealing with health insurance. He has lectured at such universities as Brooklyn Law School, Columbia, Connecticut, Maryland, Michigan, New York University, Northwestern, Pennsylvania, South Carolina, and Wisconsin.

Mr. Follman has had experience in government with the Pennsylvania Insurance Department and, previous to his present position, was General Manager of the Bureau of Accident and Health Underwriters.

fraught with misunderstanding or detrimental implications, it nonetheless will probably lead to a more rapid rate of improvement of the situation than otherwise would be the case.

It is natural, then, to find that there has been a growing interest in the standards of adequacy or accreditation of skilled nursing homes in recent years. This interest, in turn, has been resulting in an improvement in the level of nursing home facilities and the services they provide, particularly in certain states. Here some points of comparability can be found with the development and improvement of hospitals in the same relative historic state of development.

Standards for any product or service can come about in any one or combination of a number of ways and as a result of many different influences. In the instance of skilled nursing homes, standards appear to have developed, or to be developing, as a result of at least twelve areas of influence.

1. The first of these is the effect of state licensing laws and regulations. As with all licensing laws, these might be looked upon as minimal standards. While, by 1959, all states except New York required nursing homes to be licensed, in most instances these laws were relatively recent, 31 of them having had their inception since 1955. Only 5 existed in 1950 and the earliest, in Texas, was as recent as 1947.[7] In most instances these laws or regulations appear to regulate only the physical facilities, such as room side, the space between beds, toilet and bath facilities, corridor and door width, and special room care.[7] Licensing does not generally appear to be based upon the qualifications of the operator nor upon the types or quality of care provided.[3] Hence, one study concludes: "A serious problem that the licensing authority must face is a careful screening of those applying for license. Then . . . consultative services and inspection become the two primary tools to assure that patients receive adequate care and that all standards are met." Unfortunately, the full effectiveness of licensing standards appears to have become diluted by the shortage of qualified inspection personnel in many states, by the fact that if standards are applied unrealistically they can bring about a shortage of needed beds by forcing the closing of some homes, and by the fact that standards may differ markedly with the varying types of patients and their needs.[5]

Eligibility Requirements

2. A second influence results from the eligibility requirements for a home to receive public assistance funds for the payment of the care provided indigent patients. During the past decade this influence has become more pronounced. This, in part, has resulted from the 1950 amendment to the federal Social Security Act which revised the Public Assistance articles to require that there be a state standard-setting authority (usually the public welfare or the public health department) with responsibility for institutions providing care for public assistance recipients. This development is reported[8] as having given a long needed impetus to the development of licensing and standard-setting programs. Recently a subcommittee of the United States Senate has proposed[3] that the Department of Health, Education, and Welfare develop suggested minimum standards for patient care in nursing homes as a "floor" for state standards for patients receiving federal public assistance grants.

3. A third influence results from the eligibility requirements for Hill-Burton funds. Under the 1954 amendment to the Hill-Burton Hospital Construction Act the U. S. Public Health Service is authorized to grant $10 million annually in matching funds for the construction of voluntary non-profit or public nursing homes. Under this program 248 nursing home projects had received grants, providing an additional 13,054 beds by 1960.[3] Through this means the Public Health Service can establish certain standards for the homes to be built. Generally, these standards have to do with fire and health hazards, but do not appear to affect such matters as adequacy of staff, rehabilitative services, or recreational facilities.[3] The Public Health Service has defined skilled nursing home services as follows:[3]

> "Skilled nursing care and related medical services consist of those nursing services and procedures employed in caring for the sick which require training, judgment, technical knowledge, and skill beyond those which the untrained person possesses. It involves administering medications and carrying out procedures in accordance with the orders, instruction, and prescription of the attending physician or surgeon."

The influence of this development does not affect proprietary nursing homes, however, since it is inapplicable to such homes.

4. A fourth influence affecting skilled nursing home standards results from the eligibility requirements for federal loans to proprietary nursing homes. Since 1956 the Small Business Administration has been permitted to make loans to nursing homes. By 1960, 165 such loans had been made.[3] Under this process certain standards are established with respect to the construction of proprietary nursing homes. Again, the quality of care does not appear to be influenced by this development.

5. A fifth influence results from the eligibility requirements for FHA mortgage funds. In 1959 Congress authorized the Federal Housing Administration to guarantee mortgages (up to 75% of the total cost) for nursing home construction. Certain standards are established as eligibility requirements for such use of public funds. These standards have to do with recreational facilities, bed space, toilets, storage, corridors, physical therapy, treatment rooms, bathing facilities, dietary facilities, housekeeping facilities, handrails, thresholds, drinking fountains, ceiling heights, nurses calls, elevators, structural and fire safety, parking and garage facilities, and fire alarms.[3] From this listing it is noted that here, too, the standards pertain to the physical facilities of the nursing home.

Other Exert Influence

6. A sixth influence on skilled nursing home standards is that exerted by the other medical care professions. In this instance, the con-

cern directs attention to the standards and quality of the care provided. The American Medical Association has displayed active interest in this subject for several years. One development of significance has been the preparation, in cooperation with the American Nursing Home Association, of "Guides for Medical Care in Nursing Homes and Related Facilities." Another is the work of the Council on Medical Service of the A.M.A. along with other professional organizations including the A.N.H.A., in considering the problems of institutional care for the chronically ill and the aged. The effort includes consideration of nursing home accreditation and the development of standards for the evaluation of care. The A.M.A. recognizes the value of accreditation but will support only a multilateral program sponsored by the various national organizations concerned with the subject. The American Hospital Association has also displayed an active interest. In 1958 it took a forward step by formulating a "Listing Requirements for Inpatient Care Institutions Other Than Hospitals." This listing is similar in purpose to the listing of hospitals developed by the A.H.A. By 1961, over 100 nursing homes had been surveyed and accepted for listing under the prescribed standards. Listing is not intended, however, to be a measure of the quality of care, dealing rather with such aspects of care as physicians, medical records, nursing services, and the relationship between the hospital and the nursing home. It is expected that this activity will increase rapidly in the future. Other examples are found in the "Statement of Standards for Nursing Care in Nursing Homes" adopted by the American Nurses' Association, Aug. 5, 1960.

Often these professional organizations function cooperatively with the nursing home associations. In the main, the standards established pertain to the care to be provided in nursing homes and include such requirements or standards as the issuance of a license by the state authority, a complete medical history and physical examination for each person admitted, care of each patient by a personal duly licensed physician, medical administration of the home under the advice of a physician, a requirement that all medical orders must be in writing from the physician, the maintenance of a medical record for each patient the placing of responsibility for and supervision of the nursing care in a registered professional nurse, the presence of a registered professional nurse or licensed practical nurse on duty at all times, the existence of a nursing plan for each patient, arrangements to provide diagnostic services, arrangements with a hospital for ready transfer of the patient, a consciousness of dental needs, and consultative services in nutrition and diet therapy.

7. Another influence is that of national and state conferences. There have been several of these in recent years, principal of which, in addition to those conducted directly by nursing home administrators, are the National Conference on Nursing Homes in 1958 and the White House Conference on Aging in 1961. Conferences such as these, through the discussions which take place as well as the body of recommendations which inevitably ensues, do much to bring to light factual data. They offer an opportunity for the sharing of opinions and viewpoints and stimulate interest. The resultant recommendations often bear considerable influence on the future course of events.

Legislative Influence

8. An eighth influence upon standards results from the investigations by legislative bodies or regulatory officials. Those conducted by the Subcommittee on Problems of the Aged and Aging of the Committee on Labor and Public Welfare of the United States Senate in 1960, and by several of the states in recent years, including California, Florida, Maryland, Massachusetts, Ohio, Vermont, and Vriginia, can have important influences on nursing home standards. These can be indirect as a result of publicity and its effect upon public opinion. They can also result in very direct influence in the form of statutory or regulatory requirements.

9. Still another influence flows from the studies of independent research agencies. These, such as the survey made in Michigan in 1960 by Health Information Foundation, not only serve to bring to the surface facts and opinions which provide further insight on the subject, but they can also serve to influence events.

10. A further influence is inherent in the competition among nursing homes in many communities. Where several exist in a given community, and since most are privately owned, competitive forces must certainly influence the standards of these homes and the care they provide.

11. A strong influence can be that of the ever important public opinion. The legislative investigations in recent years, the reportings appearing in the daily newspapers, and the articles apearing in magazines of general circulation or those directed principally to the aging population, all serve to arouse, create, and guide public opinion. Since no endeavor can long exist without at least the tacit support of public opinion, this influence can have strong ultimate bearing on the standards of nursing home care.

12. A final, and most important, influence upon nursing home standards is found in the deliberations of nursing home operators and administrators. Those being held in local communities, by state associations, and through the American Nursing Home Association can have a potent influence on improved standards and on the development of a workable and enforceable accreditation program. As some[8] have concluded forthrightly: "The field must ride itself of substandard homes and unqualified operators and begin working toward raising standards." Certainly one of the outstanding achievements in this respect is the Accreditation Program adopted by the A.N.H.A. in October 1960. As has been pointed out by one author,[9] codes of ethical standards and professional conduct have been developed by many, including physicians, hospitals, architects, the clergy, lawyers, accountants, and those in the field of health insurance. Such codes constitute a formal statement of obligation which go beyond those obligations established by public law or government regulation. The accredi-

tation program of the A.N.H.A., operating on a voluntary basis through its state associations, has as its basic purpose the improvement of nursing home facilities and care through a process of quite comprehensive regional surveys prerequisite to the issuance, where merited, of a certificate of accreditation. It anticipates the active cooperation of the other medical care professions and of health insurers. The impulse for a program of accreditation appears to be a logical outgrowth from the influences which have been affecting the standards of nursing homes in recent years. It is too early to determine how ultimately successful the A.N.H.A. program will be.

There is a question, perhaps, whether the strong deference to the state associations, working through regional groupings, will provide an advantage or a disadvantage. It also remains to be seen to what degree nursing homes are presently amenable to such a program on a voluntary basis. In Western New York State, for example, 45% of the nursing homes approved by the New York State Department of Social Welfare have been accredited. 18% have been rejected. Most significantly, 37% have not applied for accreditation after two years of functioning of the accreditation program. There is also some opinion that an accreditation program should be administered by an independent joint commission, such as is the case with the Joint Commission on Accreditation of Hospitals, in order to achieve public acceptance. Efforts in this direction are proceeding.

Association Praised

Regardless of these shortcomings, if ultimately they prove to be such, it is to the credit of the American Nursing Home Association that it has taken the initiative and placed into operation an accreditation program. Defects in any modus operandi are almost inevitable; but defects with equal inevitability, may be corrected when the will to do so is present. The accreditation of nursing homes can be an important contribution in many ways. It can satisfy the public mind with respect to a form of care which can fill a distinct need. It can furnish a display of good faith at a time when nursing homes are receiving sharp criticism in many quarters. It can assure that public funds, where these are involved, will be well spent. It can avoid a severe form of governmental regulation which otherwise might become unavoidable. It will protect the investments of those who have privately financed a much needed form of care.

It will facilitate the coverage of this form of care by health insurers. It will serve the public interest by raising the general level of a necessary form of care. Most certainly progress will have to be gradual. It is not possible overnight to arrive at a clear cut distinction of the different types of nursing homes, to enforce high standards for the construction and physical facilities of these homes, to mutually establish criteria for the qualities of those who operate or administer nursing homes, to enforce high standards of professional care, or to install record keeping methods with respect to the patient and cost-accounting systems for the home. One author[5] has suggested the need for a professional code for the nursing home administrator with respect to his relationship to the patient, the public, the owner, the employees, consultants, and the administrators, of other homes. Others have suggested the need for medical audit committees in nursing homes similar to those now functioning in many hospitals.

One eminent student of the subject[6] has pointed to a type of unsolvable problem when he says: "Unfortunately, there are no standards derived from practices of proved value that can be used to appraise the adequacy of the nursing personnel in individual homes. What is a satisfactory ratio of total nursing personnel to beds? Proportionately how many professional nurses are required for attainment both of humane and effective care? . . . These are still wide open questions." The adequate culmination of these matters will require time, patience, and resolution.

These several and diverse influences upon the standards of skilled nursing homes and the care they provide have one element in common: they are all quite recent. In the composite, they represent an appreciable degree of activity which must eventually contribute to raising the standards of nursing homes where these still leave something to be desired. The broadened approach to standards which they are bringing about can serve only to improve the level of patient care provided in nursing homes.

Other Influences

At least, two other potential influences could make themselves felt in the future. One of these could result from a proposal of a U.S. Senate subcommittee in 1960 that Congress consider adopting a program of financial assistance to nursing homes which meet certain minimum standards for medical and restorative services. If adopted, such a proposal conceivably could exert considerable influence upon the standards of nursing home care. The other potential influence could result if voluntary health insurers, as they offer coverage for nursing home care, were to restrict the coverage to care in accredited skilled nursing homes only. Insurers, in approaching the subject of such coverages, cannot be placed in the position of encouraging or perpetrating care. They, furthermore, experience great difficulty in defining the type of care to be insured. The definitions in use by insurers vary. By 1961 none were based upon accreditation, nor would it have been realistic to do so. As the process of accreditation advances, however, it is beyond the realm of possibility that reliance for definition could rest upon accreditation. In this respect it should not pass unnoted that there is some growing opinion that insurances against the costs of hospital care should be restricted to care provided in accredited institutions and that some first steps in this direction are receiving consideration.

With respect to accreditation, licensing, or any other approach to the establishment of standards for nursing homes, one observation is unavoidable. When it is observed that some 50% of nursing home patients have their care financed by some form of public assistance,[2] and when it appears to be generally agreed that in many instances these public assistance payments are inadequate, it would seem apparent

that the level, adequacy, and quality of nursing home care is, to an appreciable extent, dictated by the level of such assistance payments. This was recognized by the Commission on Chronic Illness several years ago.

From the standpoint of minimal licensing requirements, there is evidence that even these cannot always be enforced, since to do so would further aggravate the shortage of nursing home beds in many communities by closing some existing nursing homes. From the standpoint of voluntary accreditation, it would seem that the establishment and enforcement of adequate standards, with their accompanying increased costs, would simply mean that in many instances the patients financed by public assistance funds would be relegated to non-accredited homes. This, in itself, could create further complications. One author[10] has aptly said: "Public assistance exercises a major influence on the character of nursing home care . . . The present maximum individual payment in which the federal government will share ($55 a month) is clearly inadequate . . . Some states . . . find themselves in the embarrassing situation of trying to enforce, through their licensing authority, a higher standard of care than their assistance grants make possible."

Another author[9] has said: "Public welfare departments have often been unable, either because of limited facilities in a community or because of inadequate standards of payment for care, to match the patient's requirements to the best possible facilities available." Still another author[5] states: "Those (nursing homes) depending largely upon public assistance payments are able to provide only minimum care."

If this reasoning is correct, it would seem that a first step in a sound accreditation program might be for the nursing home associations to place their problem before the public assistance or welfare departments, perhaps along with the health department or licesing agency of the state government. It would not appear to be impossible to develop a graduated program by which assistance payments could be increased in relation to realistic improvements in the nursing home care. Such a step has been taken in Iowa where a basic rate of assistance payment is established (at $80 a month), the basic rate then being added to on a point system basis in relation to the additional care, other than basic care, found necessary by the patient's physician.[11] An approach such as this might point the way to a workable solution to a basic problem facing the subject of nursing home accreditation. Certain other states, such as Illinois, Massachusetts, New York, and Oregon,[8] while not using the point system, vary the amount of payment in relation to the medical care needs of the patient.

Interests Health Insurance

The development of an accreditation program or any workable system of improved standards of nursing home care is of interest to voluntary health insurers. The interest, of course, is limited to skilled nursing homes, since this type of facility is an institution for the provision of medical care and therefore is the only type of such facility which can have direct relevancy to a health insurance mechanism.

Opinion currently differs, however, with respect to the relationship of an accreditation program to health insurance. One Blue Cross plan official who has had appreciable experience with the subject has said: "There isn't any. The relationship is, we believe, an indirect one at best . . . I have found it a mistake to speak of accreditation and health insurance in the same breath. The sole object of accreditation should be the development and maintenance of the highest quality of care in the interest of the patient. The financing of care . . . is a distinctly different area . . . Accreditation is its own reward. Payment for care by other than welfare agencies of government . . . I expect will come more slowly and in direct relation to the speed with which enough adequate nursing home beds become available . . We believe that coverage for post-hospital care in nursing homes is very much a part of the wave of the future in the health insurance field." An official of an insurance company with experience in nursing home coverage has said: "Our Claim Department is not in a position of definitely knowing whether the nursing home in which the Insured is confined is properly licensed.

It becomes necessary to write directly to the nursing home for a copy of their license or to the state government in which the nursing home is located. As more and more of the commercial carriers are providing nursing home benefits it would be of benefit to all concerned should the state organizations or possibly the American Nursing Home Association publish a list to that provided by the American Hospital Association on hospitals. By so doing . . . the insurance industry would then be in a position to pay claims for nursing home benefits on a much faster basis."

By 1961, 5 Blue Cross plans[12] and several insurance companies were offering coverages which specifically included protection against the costs of skilled nursing home care. Other insurance companies, under certain conditions, pay benefits for care in a skilled nursing home as a matter of administrative procedure.[13] Those insurance companies offering coverages which specifically protect against the costs of skilled nursing home care do so with respect to insurances for persons age 65 and over. All have come into being since 1959. Other insurance companies and Blue Cross plans are giving active consideration to such coverages.

The relationship of a successful accreditation or standard-setting program for skilled nursing homes and their services to health insurance coverages can lie in five main areas.

Public Concept Improves

1. The first of these would be the fact that as standards for nursing homes can improve and become more generally applicable, the public concept or image of the nursing home will improve. This could mean that more persons find the nursing home a desirable facility for care and, therefore, that the proportion of private-pay patients would increase.

2. A second area of relationship, related to the first, is the possibility inherent in nursing home care of making more efficient use of a given number of health insurance or health care dollars. This is said in the sense that modern general acute-illness hospital care, with its high degree of technical achievement, is a very ex-

pensive form of care. The skilled nursing home, hence, can play a significant role, particularly when functioning in coordination with or as part of a hospital, in reducing the per diem costs of medical care. This can be of particular importance in instances of chronic illnesses or disabilities requiring long periods of care. This does not mean that insurance monies will be saved. As one Blue Cross official has said: "The fact remains that nursing home patients don't stay anything like the eight days seen in hospitals – adding up to much higher costs per case . . . Those who think this will cut costs are badly misguided. This will increase the total outlay for care under Third Party auspices and obviously new money must be found to meet new claim costs." The wise use of skilled nursing home care can, however, result in the more efficient use of any given number of dollars, insurance or otherwise, particularly where longer-termed disabilities are involved. The prime requisite, however, is the acceptance by the public of the nursing home as a satisfactory facility for care.

3. A third relationship improved standards can have to health insurers is in facilitating the definition of the skilled nursing home care to be covered by the insurance contract. With the wide variety which exists in the field of skilled nursing home care today, insurers find the difficulty of contractional definition to be one of the principal handicaps in developing coverage for this form of care. Accreditation should serve to narrow this degree of variation. This, combined with more uniform and enforcable licensure standards, could mean that insurers would find definition a simpler matter since they could place more reliance, as they do with respect to other covered medical care services, on licensure and professional voluntary standards. Unfortunately the present definitions of nursing homes vary greatly among the state licensure laws with no two being the same. It is not surprising, then, to find that the definitions used by insurers vary considerably. Such a development would also relieve insurers from first hand investigations of nursing homes, now frequently necessary in order to determine eligibility for benefits.

Majority are Over 65

4. A fourth relationship develops as insurers increasingly provide health insurance coverage for the segment of the population over age 65. Since the vast majority of nursing home patients are age 65 or over, the direct relationship of such coverages to nursing homes becomes readily apparent.

5. A final relationship develops from the fact that as standards for skilled nursing home care improve, as the facilities are bettered, and as the care for the patient becomes more complete and more highly skilled, the cost per diem or per unit of care must, of necessity, increase. This means that insurers would have to adjust their premium structure in order to compensate for such rise in cost. It is readily apparent that the average per diem cost of nursing home care today is as low as it is because of the average level of facilities and care provided. This in turn, is greatly influenced by the level of public assistance funds made available for such care. As this average level of care is raised, so must it be expected that the cost of such care will have to be increased.

The pressure to provide certain forms of medical care for Social Security beneficiaries through the Social Security mechanism are well known. Many of the advocates of such measures have been quite clear that this is considered a first step to a compulsory health insurance system or a national health service. It is incumbent upon voluntary health insurers, therefore, to offer coverages which can satisfy the needs of older people in this respect. The progress made to date, and the variety of the approaches taken, were unforeseen a short time ago. Progress continues to be made as more of the aged are covered and as different and improved coverages are made available. One of the more recent developments has been to include coverage for the costs of care in a skilled nursing home. An effective accreditation or standard-setting program can be an important step in accelerating this progress. As such, it can serve a role in making it unnecessary for government to take a further and crucial step with respect to the provision, control, and financing of medical care.

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CAPITOL

SELF-EMPLOYED: The House passed H. R. 10 to permit the self-employed a tax deduction of 10 per cent of their salary up to a limit of $2,500 for their own private pension plan. The bill would apply to those (a) who have no more than 3 employees or (b) who have four or more employees for whom a pension plan has been set up by the employer. The bill is now in the Senate Finance Committee. No action scheduled.

TAX EXTENDER: Continues the 52% corporate tax rate and the existing schedule of excise taxes on alcoholic beverages, etc.; continues 10% tax on transportation of persons and levy on local telephone calls. (P.L. 87-72).

SOCIAL SECURITY: Makes certain "improvement" in OASI benefits; social security taxes to be increased by 1/8 of 1% each on the employee and employer, effective January 1, 1962. Aged widow benefits of a deceased worker would be increased from 75% of the worker's retirement benefit to 82-½%. The insured-status requirement would be changed from one quarter of covered work for each 3 calendar quarters to one quarter for each 4 calendar quarters. The minimum benefit increased from $33 to $40. Permits men to retire at reduced benefits at 62 as is now provided for women. (P.L. 87-64).

HOUSING: Authorizes 4 to 5 year $7 billion-plus housing programs for low and moderate income families; urban renewal; open-space development in cities; mass transportation; college dormitory construction loans; 100,000 new units of public housing; community facilities. Also extends farm housing program and increases funds for housing for the aged. (P. L. 87-70).

DEBT LIMIT: Raises the "temporary" debt limit to $298 billion, an increase of $5 billion. (P.L. 87-69).

UNEMPLOYMENT COMPENSATION: A temporary program of unemployment compensation from 26 weeks to 39 weeks for states whose payments have expired. Tax on employers is increased by four-tenths of 1 per cent for 2 years beginning January 1, 1962. (P.L. 87-6).

DEPRESSED AREAS: Establishes an Area Redevelopment Administration in the Department of Commerce; authorizes $394 million loans and grants for the industrial plants and public facilities in depressed areas, financed through the "back-door" Treasury financing. Program terminates June 30, 1965. (P.L. 87-27).

MINIMUM WAGE: Increases $1 minimum wage to $1.15 an hour until September, 1963, when it will go to $1.25 an hour. The $1 an hour minimum for newly covered workers will remain in effect until September, 1964, when it will go to $1.15. A year later it will go to $1.25. Overtime will go into effect for newly covered workers September, 1963, for over 44 hours a week; 42 hours in 1964; and 40 hours in September, 1965. (P.L. 87-30).

DEPENDENT CHILDREN: Authorizes $200 million in temporary grants to States to finance inclusion of dependent children of unemployed under Federal-State assistance program until June 30, 1962. (P.L. 87-13).

TAX BILL TO EASE MEDICAL CARE COSTS INTRODUCED: Congressman Durward Hall (R., Mo.) introduced H.R. 7756, 87th Congress; a bill to amend the Internal Revenue Code to ease the burden of medical, hospital and drug costs on persons over 65 and their dependents. In a speech on the floor of the House of Representatives, Congressman Hall said that this measure, along with the Kerr-Mills bill, passed in the last Congress, will go a long way toward enabling our senior citizens and their families to meet their own responsibilities without relying on the Federal Government to care for them. Congressman Hall said, "Congress must make a choice between two vastly different approaches in its attempts to ease the problems facing our elder citizens. It can go in the direction of more government, less fiscal responsibility and a lowering of medical care standards, or it can go in the direction, basic to our tradition, of making it possible for individuals to meet their own responsibilities".

ECHOES

A.N.H.A. Medical Records Committee — Report

By MARY HARGROVE, R.N., Chairman

The Medical Records Committee of the American Nursing Home Association is cooperating with Eldred Thomas, first vice president of the American Nursing Home Association, who recently obtained a grant to conduct a *medical records study of Nursing Homes in the United States.* The Medical Records Study consists of two phases: first, the completion of a survey of Patient Care, Administrative, and Financial records maintained by Nursing Home Operators in 48 states and the District of Columbia; and second, the development of record forms for each of these areas.

To be approved

After development of record forms, which will be approved by the steering committee of the Medical Records Study and the Department of Health, Education and Welfare, there will be a field testing in a select group of nursing homes. After field testing and further examination by a review committee on the national level, the final results will be presented by the Medical Records Committee to the Governing Council for approval.

In an article "entitled "Medical Records Study Makes Progress" by A.N.H.A. First Vice President Eldred Thomas, which appeared in the July, 1961, issue of "Nursing Homes", on page 20, tables are shown covering the response obtained from the questionnaires used in the survey of medical records in nursing homes throughout the United States. These tables show the responses from various states and regions, and the high degree of universality of records maintained by nursing homes.

Patient Care

The highest degree of standardization of records is in the area of *Patient Care.* This diminishes in the area of *Administration* and declines still further in regard to *Financial records.*

At the next Governing Council meeting, it is hoped that the completed work of the medical records grant will be submitted for approval.

Through the efforts of Mr. Eldred Thomas, the chief staff members for this study, including a member of Vice President Lyndon B. Johnson's staff, were selected. This study has been called to the attention of Vice President Johnson and President Kennedy, both of whom have expressed an interest in the development of nursing homes in the United States and have expressed appreciation for this study.

The Department of Health, Education and Welfare was pleasantly surprised that nursing homes that are members of A.N.H.A. are now keeping records in a much satisfactory manner.

A.N.H.A. Constitution and By-Laws Committee Report

By MARION GELLMANN, Chairman

As of April 15, 1961, there have been no formal meetings of the Constitution and By-Laws Committee. It is hoped that a meeting of this Committee may be scheduled at the Governing Council meeting in Missoula, Montana.

There have been submitted to the Chairman and to the State Associations' Presidents two proposed Constitution and By-Laws changes.

The first of these is an amendment offered by Tennessee and states:

"By-Law XV, Section 2, shall be amended by removing the last four words 'or the Executive Board' so that the section will read: 'No officer, member, or employee of this Association shall authorize expenditure of more than two hundred fifty dollars ($250.00) without the specific approval of the Governing Council."

The second proposal to amend is offered by California, that Article VIII, Section 1, be amended to change the number of voting delegates to the Association's Annual Convention. A draft of a possible amendment was submitted to the State Presidents and Officers of the Association for consideration and discussion at the various state meetings. Several of the states have offered compromise proposals and these will be studied in Committee and brought before the Governing Council for appropriate action.

The following resolution has been submitted by Theodore E. Hawkins, Vice President, Region 1, A.N.H.A.:

WHEREAS, the duties of the office of President of the American Nursing Home Association have become so vast and increasingly complex, and,

WHEREAS, a period of training and education in the complexities of these duties would appear to be desirable for any incoming president of this Association, and,

WHEREAS, the prestige and value of the present office of the Vice-President would be greatly enhanced by the automatic succession to the presidency of the person holding the office of First Vice-President, and,

WHEREAS, The continuity of this training and prestige would appear to be of great benefit to this Association,

NOW THEREFORE BE IT RESOLVED, Article IV, Section 1 of the "Revised Constitution of the American Nursing Home Association", be deleted and the following substituted in lieu thereof:

"The officers of the Association shall be President, a President-Elect, a Treasurer, and Historian, and eight Regional Vice Presidents.

"The eight regional Vice-Presidents shall be elected at the annual meeting of the Association according to procedures to be established by the governing council, with one regional vice-president to be elected from each region by majority vote of the duly-accredited delegates of the member states of the said region;" and,

BE IT FURTHER RESOLVED, That Article IV. Section 2 be deleted and the following substituted in lieu thereof:

"The President-Elect shall automatically succeed to the office of President, and all other officers of the Association, including a new President-Elect, shall be elected at each annual convention by ballot only, to serve for a period of one year from January 1st next following the Convention at which they were elected or until successors have been elected and qualified"; and,

BE IT FURTHER RESOLVED, Article IV, Section 4 be deleted and the following substituted in lieu thereof:

"The powers and duties of elected officers shall be those usually pertaining to the office except as otherwise prescribed or limited by the Constitution and By-Lays of this Association. The President-Elect shall also have such powers and duties as may be designated by the President, so that the President-Elect may properly function as assistant to the President;" and,

BE IT FURTHER RESOLVED, Article IV, Section 5 be deleted and the following substituted in lieu thereof:

"Vacancies by resignation, death, or otherwise shall be filled by the Governing Council, other than the office of President, which shall be filled by the President-Elect."

There has been no further business brought to the Committee up to this time.

A.N.H.A. Professional Liaison Committee — Midterm Report

By POLLY CARTER, R.N., Chairman

Since no provisions were made in the 1961 ANHA budget for the Professional Liaison Committee meetings, correspondence has been our only means of contact. Opinions expressed by the committee members who responded to letters from the chairman serve as the basis for the following recommendations:

1. It is recommended that the American Nursing Home Association develop an outline of the duties, functions, and responsibilities of the Professional Liaison Committee on State, Regional, and National levels, to serve as a permanent guide for future committee activity.
2. It is recommended that this information be given to present and future Regional Vice-Presidents and Chairmen of the Committees, who will then relay this information to the committee members and to their state organizations.
3. It is recommended that Professional Liaison Committees be appointed by the State Associations, with the Regional representatives of the ANHA committee serving as the Chairmen.
4. It is recommended that provisions be made to cover travel expenditures of the ANHA committee members for necessary meetings. (Funds were available for this committee in 1960, but no allocation was made in the 1961 ANHA budget).

In order to facilitate the progress of the Association in the future and to continue the programs developed in the past by the Professional Liaison Committee, we ask that these recommendations be adopted.

A.N.H.A. Education Committee Report

By EDITH B. CHANCE, Chairman

The chairman of this committee met with representatives of the U.S. Public Health Service and the American Pharmaceutical Association in Washington, D.C., on January 12, 1961, to develop a plan of procedure for a workshop on Drug Control in nursing homes, as approved by the Governing Council at its October, 1960, meeting. Working mechanics were approved by the Education Committee members during a February 27, 1961, meeting in Washington, the details of which were fully reported on page 14 of the April, 1961, issue of "Nursing Homes."

An institute, sponsored by the A.N.H.A. and U.S.P.H.S., on *Better Nursing Home Care through Improved Financing,"* will be held at the Pick-Carter Hotel, Cleveland, Ohio, September 28-30, 1961.

"Proceedings of National Home Institute" held in Washington, D.C., October 12-14, 1960, has been printed and mailed to all participants and every American Nursing Home Association member free. Copies are available through the A.N.H.A. office at $1.00 each.

Edith B. Chance met with Mrs. Helen McGuire in Indianapolis, March 29, 1961, following their participation in the annual Institute for Indiana Nursing Home Administrators, sponsored by the Indiana University Medical Center . . . to plan an A.N.H.A. and American Hospital Association workshop for the spring of 1962 in Durham, North Carolina. Because of housing conditions, it was found necessary to change the meeting place to Miami or Hollywood, Florida; and a tentative date has been set for March 28-30, 1962. Tentative plans were also made for an A.N.H.A. and American Hospital Association workshop in Boston, Mass., during October, 1962 ,

A joint workshop of A.N.H.A. and the American Hospital Association was held in Omaha, Nebraska, May 9-12, 1961.

The Education Committee requests the approval of the Governing Council on the following:

1. Joint preparation by the A.N.H.A., American Medical Association, and the U.S. Public Health Service of *guide material on physician services in nursing homes* — if other organizations are interested;
2. A statistical study by the Tripartite Committee (American Medical Association, American Hospital Association, U. S. Public Health Service, and A.N.H.A.) on *nursing home staffing;*
3. Short-term courses under university auspices for *administrators and professional nurses in nursing homes;*
4. An A.N.H.A. — American Hospital Association workshop at Boston, Mass., in October, 1962.

A.N.H.A. Insurance Committee — Report

By THEODORE E. HAWKINS, Chairman

The matter of *Insurance* in general was discussed with Mr. Rex Wyon and Mr. Leonard Englehardt of Trans-World Excess Inc., both of New York City, in November, 1960, and at that time it was learned that the South American Group writing this insurance through Trans-World Excess Inc., was only approved or permitted to write same in a limited number of States.

It is my opinion that unless this company is approved or permitted to write insurance within a particular State, that you consult with the Insurance Commissioner in your State to determine whether or not they will recognize this Company in the event a claim is instituted.

(con't. on page 28)

INSURANCE REPORT

(con't. from page 27)

Has Little Recourse

Experience has shown that unless the insurer is permitted to write within a State, the insured has little or no recourse, should the insurer deny responsibility of claim.

Some administrators are of the opinion that they are covered because the attending physicians are carrying Mal-practice Insurance. This is not a fact. You, as an administrator, can still be held liable for negligence within your Nursing Home, and mal-practice Insurance is the only means you have of protecting yourself against this type of suit. Usually a suit of this type involves the physician, administrator and nurse on duty at the time the injury or negligence are claimed to have taken place; therefore, we advise every administrator to carry a reasonable amount of mal-practice Insurance.

Recently Investigated

We have investigated the Research Society of New York which recently solicited information regarding insurance coverage of our members, and it has been learned that this organization is headed by Mr. Stanley Hoffman of New York City, a nursing home administrator and owner. Although some of the information requested is pertinent to the problem, we feel it is in the best interest of the American Nursing Home Association not to comply with the request.

It has also been learned that the possibility of writing an established rate on a national level is neither probable nor practical. Since requirements are regulated by the individual states, a flat rate would not in all instances provide adequate coverage. I think the best we can hope for is that our experience rate be reviewed by the National Underwriters from time to time in hopes that we may eventually be able to establish a regional rate. At the moment, everything is reviewed by individual states.

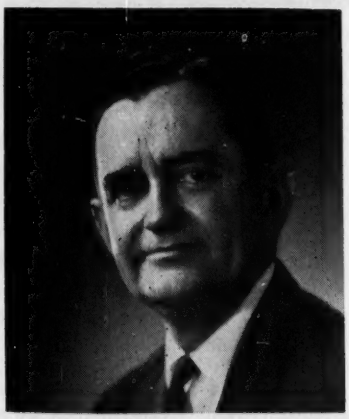
Will Conduct Survey

We have also been advised that the Congress of the United States will conduct a survey of the foreign insurance companies in relation to the amount of depositories made in the United States in proportion to the total amount of insurance being written by these companies. Apparently, many of these foreign companies have not been maintaining adequate trusts or depositories sufficient to cover possible claims made by their clients in the United States and have, therefore, not been fulfilling their full contracts.

I have discussed this matter with Mr. Wyon, our insurance representative, and he is of the opinion that the South American Group through which he is writing insurance for us, is presently maintaining a sufficient Trust Account in the Grace National Bank of New York City, New York. Based on this information, we feel it is safe to write insurance through Mr. Wyon, in those states which have either approved or permitted the South American Group to write insurance.

As Chairman, we welcome any inquiries regarding your insurance problems and will continue to research all possible means of insurability for our members.

North Carolina Assn. To Divide Membership



TRAVIS H. TOMLINSON, Chairman, Executive Board, North Carolina Association of Nursing Homes and Homes for the Aged, Inc., and ANHA Governing Council member.

The North Carolina Association of Nursing Homes and Homes for the Aged has voted to divide its membership into two sections and to establish an Executive Board to administer the Association's joint activities.

The action took place in Durham earlier this year at the Association's state-wide convention, which was highlighted by an Educational Institute and a talk by Mrs. Rush D. Holt, Special Assistant for Nursing Homes, Federal Housing Administration, Washington, D.C.

The convention voted to establish the Executive Board consisting of the officers and directors of each section. Later, at a special meeting in Raleigh, Travis H. Tomlinson of Raleigh, was named Chairman of the Board.

The association voted to divide into two sections after the North Carolina General Assembly enacted into law a measure establishing a single licensing agency for Nursing Homes. Prior to the legislative action Nursing Home operators faced dual licensing controls. To receive indigents, Nursing Homes were required to be licensed by the State Board of Welfare. To operate as private Nursing Homes, they were required to hold a license from the State Medical Care Commission, which administers the Hill-Burton Act in North Carolina.

Nursing Homes in North Carolina now are licensed by the State Board of Health. Homes for the Aged continue to be licensed by the State Board of Welfare.

Each group has its requirements for membership and each elects its officers and board of directors.

Officers of the Nursing Homes Section are: Mrs. Harry Joyner, Charlotte, president; Mrs. Marguerite Dunham, Clemmons, vice-president; and Mrs. Virginia Bland, Salisbury, secretary. Members of the Board of Directors are: Mrs. Edith B. Chance, Fayetteville; J. R. Garrett, Jr., Durham; A. O. Keller, Jr., Sanford; Travis H. Tomlinson, Raleigh; and Mrs. Emma Flye Lanier, Elm City.

Officers of the Home for the Aged Section are: Mrs. Lucy Bell, Asheville, president; James Richardson, Wilkesboro, vice-president; and Mrs. Mary Lennon, Clarkton, secretary. Members of the Board of Directors are: Mrs. Betty Hill Maready, Jacksonville; Mrs. Mae Johnson, Raleigh; Mrs. Jimmie Harris, Forest City; C. L. Harwood, Albemarle; and Mrs. Lina Padgett, Waynesville.

In addition to Tomlinson, officers of the Executive Board are Mrs. Maready, vice-chairman; Mrs. Dunham, second vice-chairman; and Mrs. Lennon, treasurer.

The Executive Board consists of the four officers plus the president of the Nursing Home Section and the Homes for the Aged Section. Tomlinson also was named by the Executive Board to be ANHA Governing Council.

The state-wide Association, or corporation ,will continue to have its State Office in Raleigh. E. L. Rankin, Jr. is Executive Director and James C. Little, Jr. is Association Counsel. Both are from Raleigh.

Activities concerning Nursing Homes and Homes for the Aged will be channeled to their proper section, where officers and directors may be directly responsible for making their own plans, programs and meetings. It is anticipated that the change will bring a better balance between the two sections and will enable each section to develop its own program, plans and membership to the fullest. The State Association, through the Executive Board, will act as spokesman for both groups at the State level, and will enable both to be affiliated with the American Nursing Home Association, the spokesman on national affairs.

Mrs. Holt, in her talk to the convention, spoke on the FHA program. Briefly, she explained FHA requirements and related the need for nursing home beds in North Carolina.

Speakers at the Educational Institute included Alton Barlow, President, American Nursing Home Association, Canton, N.Y.; E. J. Collins of Hammond, Indiana, president of E. J. Collins and Associates, Inc., nursing home consultants and designers; A. T. Allen, Jr. of Raleigh, certified public accountant; and Messrs. James C. Little, Jr. and E. L. Rankin, Jr., both with the Association's State Office.

Calendar of Events

Sept. 11-13, 1961 — Wisconsin Association of Nursing Homes, Inc. Convention, at LaCrosse, Wisc.

Sept. 25-28, 1961 — American Hospital Association convention — Atlantic City, N. J.

Sept. 28-30, 1961 — National Nursing Home Institute convention — Pick-Carter Hotel, Cleveland, Ohio.

Oct., 2-6, 1961 — American Nursing Home Association annual convention — Pick-Carter Hotel, Cleveland, Ohio.

Oct., 16-17, 1961 — Licensed Nursing Home Association of New Jersey, Inc. Convention, Traymore Hotel, Atlantic City, N. J.

Oct., 24-25, 1961 — Iowa Nursing Home Association Convention, Hotel Kirkwood, Des Moines, Iowa.

Nov. 7-9, 1961 — Texas Nursing Home Association annual convention, Shamrock Hotel, Houston, Texas.

Nov. 7-9, 1961 — Annual Convention of California Association of Nursing Homes, Sanitariums, Rest Homes and Homes for the Aged, Ambassador Hotel, Los Angeles, Calif.

Nov. 29-Dec. 2, 1961 — APWA'S National Biennial Round Table Conference, Edgewater Beach Hotel, Chicago, Illinois.

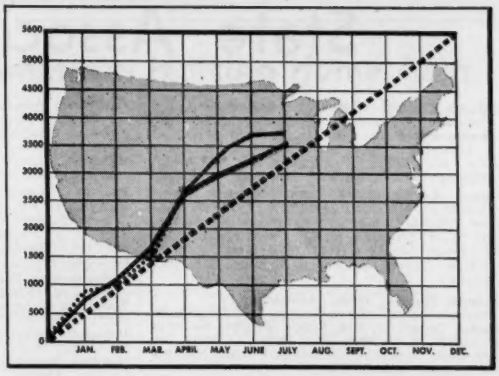
TO ALL ANHA MEMBERS

The mutual exchange of ideas with others who have the same problems affords the broadest education available to executives in any line of endeavor.

For this reason alone, the time, money and effort expended by members attending the ANHA CONVENTION, Cleveland, Ohio Oct. 2-6, 1961 will earn greater dividends than any other possible investment they can make.

The Scoreboard . . .

SOLID LINE—1961 Membership
DOTTED LINE—1960 Membership
BROKEN LINE—1961 Quota



I. Twenty-three states have reached or exceeded their 1960 total memberships.

Delaware
Florida
Iowa
Kansas
Kentucky
Louisiana
Maine
Mississippi
Montana
Nebraska
Nevada
New Mexico
North Dakota
Oklahoma
Rhode Island
South Dakota
Utah
Vermont
Virginia
Wyoming
South Carolina
Texas
Washington

II. Twenty states have reached 75% of their 1961 quotas:

New Mexico	133%
Oklahoma	126%
Louisiana	122%
Wyoming	115%
Rhode Island	100%
North Dakota	100%
Nebraska	98%
Florida	94%
Kentucky	92%
New Hampshire	90%
Kansas	89%
Delaware	88%
Maine	86%
Tennessee	86%
California	85%
Washington	85%
South Carolina	84%
South Dakota	78%
Iowa	76%
Michigan	75%

III. A Regional breakdown on percentage of quota attained through July 31, 1961:

Region I	61%
Region II	51%
Region III	74%
Region IV	66%
Region V	57%
Region VI	79%
Region VII	66%
Region VIII	76%

	June July	June July	Total Total	Quota Quota	% of % of
ALABAMA	51	47	55	77	61%
ARIZONA	30	25	30	45	55%
ARKANSAS	33	33	39	54	61%
CALIFORNIA	441	535	592	624	85%
COLORADO	86	56	90	95	58%
CONNECTICUT	88	62	88	103	60%
DELAWARE	14	15	14	17	88%
FLORIDA	80	118	87	125	94%
GEORGIA	68	72	73	100	72%
IDAHO	15	13	20	30	43%
ILLINOIS	172	156	183	250	62%
INDIANA	129	115	131	181	63%
IOWA	145	191	154	250	76%
KANSAS	50	58	52	65	89%
KENTUCKY	45	65	45	70	92%
LOUISIANA	17	33	17	27	122%
MAINE	40	52	40	60	86%
MARYLAND	66	61	69	100	61%
MASSACHUSETTS	242	215	284	400	53%
MICHIGAN	142	166	169	219	75%
MINNESOTA	108	74	109	300	24%
MISSISSIPPI	17	23	17	50	46%
MISSOURI	90	121	124	175	69%
MONTANA	20	25	21	50	50%
NEBRASKA	69	98	73	100	98%
NEVADA	2	2	2	19	10%
NEW HAMPSHIRE	58	56	59	60	90%
NEW JERSEY	60	64	84	165	39%
NEW MEXICO	15	20	15	15	133%
NEW YORK	149	91	175	210	43%
NORTH CAROLINA	62	57	68	100	57%
NORTH DAKOTA	13	15	14	15	100%
OHIO	59	56	72	122	45%
OKLAHOMA	60	126	65	100	126%
OREGON	32	19	34	44	43%
PENNSYLVANIA	104	109	110	200	54%
RHODE ISLAND	21	27	25	27	100%
SOUTH CAROLINA	20	21	21	25	84%
SOUTH DAKOTA	23	37	33	47	78%
TENNESSEE	118	113	119	131	86%
TEXAS	100	118	107	300	37%
UTAH	15	22	15	68	32%
VERMONT	40	43	41	96	44%
VIRGINIA	42	60	44	90	66%
WASHINGTON	111	114	111	133	85%
WEST VIRGINIA	30	23	30	40	57%
WISCONSIN	119	105	122	150	70%
WYOMING	22	23	22	20	115%
TOTAL MEMBERS	3,525	3,750	3,964	5,744	65%

State Associations Directory

Alabama Nursing Homes Association
President: Garland L. Rollins, P.O. Box 305, Falkville. Secretary: Mrs. J. H. Kelly, P.O. Box 88, Haleyville. Treasurer: Robert V. Santini, Route 12, Box 158, Birmingham. A.N.H.A. Governing Council Member: Garland L. Rollins.

Arizona Association of Nursing Homes
President: Mrs. Roy Williams, 1916 N. 32nd Street, Phoenix. Secretary: Ione A Dockstader, 6825 North Sixteenth Street, Phoenix. Treasurer: Mrs. Frank Maus, 9110, N. 7th Street Phoenix. A.N.H.A. Governing Council Member: Mrs. Roy Williams.

Arkansas Nursing Home Association
President: Mrs. Mason Comer, 604 N. 4th St., Lonoke. Secretary: Mrs. Jackie Kilgore, Caraway. Treasurer: Jo Gribble, 953 David O'Dodd Rd., Little Rock. A.N.H.A. Governing Council Member: Mrs. Mason Comer.

California Association of Nursing Homes, Sanitariums, Rest Homes & Homes for the Aged, Inc.
President: Marion Gellmann, 924 Balboa St., San Francisco. Secretary: Mrs. Fern Robinson, 3201 Fernside Boulevard, Alameda. Treasurer: Birre Gipe, 541 North Fulton, Fresno. A.N.H.A. Governing Council Member: Mrs. Gellmann.

Colorado Nursing Home Association
President: H. Virgil Davis, 1427 Gaylord, Denver. Secretary: Dorothy Cording, Route 1, Eldorado Springs Road, Boulder. Treasurer: Vesta Bowden, 1455 Beeler Street, Aurora. A.N.H.A. Governing Council Member: H. Virgil Davis.

The Connecticut Chronic and Convalescent Hospital Association, Inc.
President: Theodore E. Hawkins, 1768 Whitney Ave., New Haven. Secretary: Vera Arterburn, 267 Union Ave., West Haven. Treasurer: Leander Lavigne, 157 Hillside Ave., Waterbury. A,N.H.A. Governing Council Member: Mrs. Robert Baird, North Star Route, New Milford.

Delaware Association of Nursing Homes
President: Alice Ulmer, 160 Winston Avenue, Elmhurst, Wilmington 4. Secretary: Blanche Williams, Clarksville. Treasurer: Paul J. Turek, 1506 North Broom Street, Wilmington 6. A.N.H.A. Governing Council Member: Alice Ulmer.

Florida Nursing Home Association
President: Ernest Ripley, 1711 6th Ave., S., Lake Worth. Secretary: Ann Tompkins, 1006 West Main St., Leesburg. Treasurer: Frank Cuyler, 504 3rd Ave., South, Lake Worth. A.N.H.A. Governing Council Member: Ernest Ripley.

The Georgia Association of Nursing Homes and Homes for the Aged
President: Thomas E. Anthony, 2725 Vineville Avenue, Macon. Secretary: William M. Crane, 663 North Milledge Street, Athens. Treasurer: Louis Newmark, 260 14th Street, N. W., Atlanta 13. A.N.H.A. Governing Council Member: Thomas E. Anthony.

Idaho Nursing Home Association, Inc.
President: Virgil Harter, Payette, Idaho. Secretary-Treasurer: Mrs. Virgil Harter, Payette, Idaho. Governing Council: Virgil Harter.

Illinois Nursing Home Association
President: Margaret Setzekorn, 1300 Broadway, Mt. Vernon. Secretary: Jeannette Kramer, 417 North Kenilworth, Oak Park. Treasurer: Helen Nelson, 205 North Main, Saybrook. A.N.H.A. Governing Council Member: Margaret Setzekorn.

Indiana Association of Licensed Nursing Homes
President: Margaret L. Nickols, 812 Riverside Avenue, Muncie. Secretary: Marjorie M. Fordyce, 321 North Morgan Street, Rushville. Treasurer: Emory H. Vollmer, 2630 North College Avenue, Indianapolis. A.N.H.A. Governing Council Member: Marjorie Pearsey, 114 East Fifth Street, Rushville.

Iowa Nursing Home Association
President: Charles B. Shindler, 1211 Pleasant Street, Des Moines. Secretary: C. B. Verdoorn, Ashton. Treasurer: W. S. Bauman, 222 North 18th Street, Clarinda. A.N.H.A. Governing Council Member: Charles B. Shindler.

Kansas Nursing Home Association, Inc.
President: L. V. Biffer, Jr., P. O. Box 812, Wichita. Secretary: Viola Wagner, 301 West First, Washington. Treasurer: Robert E. Truitt, 525 East Second Street, Tonganoxie. A.N.H.A. Governing Council Member: Louisa Joplin, Box 632, McLouth.

Kentucky Association of Nursing Homes
President: Mrs. Ann Ralph, 105 Lyndon Lane, Lyndon. Secretary: Mrs. Bernice Sisk, 419 North Seminary, Madisonville. Treasurer: Jack Bousman, 1460 South 2nd St., Louisville 8. A.N.H.A. Governing Council Member: Ira O. Wallace, New Castle Sanitarium, New Castle.

Louisiana Association of Licensed Nursing Homes, Inc.
President: Lawrence W. Lindig, 6271 Boone Ave., Baton. Secretary: Francis Kerrigan, 2445 Esplanade, New Orleans. Treasurer: Mrs. L. E. Van Mullen, 6100 Chef Menteur Highway, New Orleans. A.N.H.A. Governing Council Member: Emily Avriett, 816 Nashville Ave., New Orleans.

The Maine Association of Nursing Homes
President: Kenneth Robinson, 284 Brunswick Avenue, Gardiner. Secretary: Alzada Simmons, Western Avenue, Winthrop. Treasurer: Roy Meister, 25 Court Street, Belfast. A.N.H.A. Governing Council Member: Kenneth Robinson.

Maryland Nursing Home Association, Inc.
President: Eugene J. Lipitz, 16 Fusting Ave., Catonsville 28. Secretary-Treasurer: Lawrence J. Repetti, 98 Smithwood Ave., Catonsville 28. A.N.H.A. Governing Council Member: Eugene J. Lipitz.

Massachusetts Federation of Nursing Homes
President: Joseph H. Furlong, Jr., Frost Rd., Washington, Mass. Secretary: Sydney Nathans, M.D., 890 St. James Ave., Springfield, Mass. Treasurer: Joseph J. Alessandroni, 91 Summer St., Waltham, Mass. A.N.H.A. Governing Council Member: Frithiof B. Carlson, 44 Old Upton Rd., Grafton, Mass.

Michigan Nursing Home Association:
President: Mrs. Mabel Lilly, 241 State St., Mason. Secretary: Eldon W. Purdy, 873 S. State St., Caro. Treasurer: Mrs. Frances Sawer, 7505 Canton Center Rd., Plymouth. A.N.H.A. Governing Council Member: Mrs. Mabel Lilly.

The Minnesota Nursing Home Association
President: Sidney S. Shields, 209 Security Building, University at Raymond, St. Paul 14. Secretary: Naime Wessin, 725 Fremont Avenue, North, Minneapolis. Treasurer: Raymond C. Olson, 400 10th Avenue, N. W., Austin. A.N.H.A. Governing Council Member: Karl T. Spellum, Lester Prairie.

Mississippi Nursing Home Association
President: J. W. Pigford, Highway 39 North, Meridian. Secretary: Mary W. Majure, Route 5, Highway 11, Meridian. Treasurer: Mrs. R. S. Compere, 865 North Street, Jackson. A.N.H.A. Governing Council Member: J. W. Pigford.

Missouri Nursing Home Association
President: Walter McCarty, 3621 Warwick, Kansas City 11. Secretary: Kathryn Lindeman, 3537 Main Street, Kansas City. Treasurer: Etta Kelly, 4123 Independence Avenue, Kansas City. A.N.H.A. Governing Council Member: Walter McCarty.

Montana Nursing Home Association
President: Mary Sande, Box 156, Box Elder. Secretary: Nellie Cornelius, 208 South 35th St., Billings. Treasurer: Joe Ronchetto, 444 W. Broadway, Butte. A.N.H.A. Governing Council Member: Mary Sande, Box 156, Box Elder.

Nebraska Nursing Home Association
President: Ira Clark, 1845 D Street, Lincoln. Nebraska. Secretary: Lillian M. Clark, 1845 D Street, Lincoln, Nebraska. Treasurer: Clifford Dahl, 918 Main Street, Wayne, Nebraska. Governing Council Member: Ira Clark.

Nevada Nursing Home Association:
President: Leandro D. Tomaso, 1015 Spanish Springs Rd., Reno. Secretary-Treasurer: Beverly Tomaso, 1015 Spanish Springs Rd., Reno. A. N. H. A. Governing Council Member: Leandro D. Tomaso.

The New Hampshire Association Licensed Nursing Homes
President: Enos O. Brown, 90 Stark St., Dover. Secretary: Edwina V. Merrill, 221 Glenwood Ave., Franklin. Treasurer: Mary McKerley, 174 So. Main St., Concord. A.N.H.A. Governing Council Member: Enos O. Brown.

Licensed Nursing Homes Association of New Jersey, Inc.
President: George E. Conley, 82 North Main Street, Cranbury. Secretary: Leonard A. Coyle. 562 Lafayette Avenue, West Trenton. Treasurer: Jesse Wallace, 304 Teaneck Road, Teaneck. A.N.H.A. Governing Council Member: George E. Conley.

New Mexico Association of Nursing Homes, Inc.
President: Kathryn Vaskov, Rt. 1, Box 96-A, Las Cruces. Secretary-Treasurer: Olga Vaskov, Rt. 1, Box 96-A, Las Cruces. A.N.H.A. Governing Council Member: Kathryn Vaskov.

New York State Nursing Home Association, Inc.
President: Alton E. Barlow, 40 East Main St., Canton. Secretary: Anna F. Schwartz, Box 21, Minoa. Treasurer: Austin Barrett, 685 Linwood Ave., Buffalo. A.N.H.A. Governing Council Member: Harold D. Christie, 31 Overton Rd., Ossining.

North Carolina Ass'n. of Nursing Homes and Homes for Aged, Inc.
Executive Board:
Chairman: Travis H. Tomlinson, 513 East Whitaker Mill Road, Raleigh. Treasurer: Mrs. Mary T. Lennon, R. 1, Box 38-A, Clarkton. President, Nursing Home Section: Mrs. Dorothy Joyner, 2623 Crescent Ave. Extension, Charlotte. President, Homes for Aged Section: Mrs. Lucy Bell, 232 East Chestnut St., Asheville. ANHA Governing Council Member: Travis H. Tomlinson.

North Dakota Association of Nursing Homes
President: Rev. R. R. Hanselman, Dickinson. Secretary: Orren Lee Northwood. Treasurer: O. H. Hove, M. D., Minot. A.N.H.A. Governing Council Member: Mrs. Don Nash, 408 6th St., Wahpeton.

Ohio Association of Nursing Homes
President: J. C. Weaver, Jr., 2157 Glenwood, Toledo. Secretary: Eileen Turner, 2111 Jefferson. Toledo. Treasurer. Bruce Levering, R.R. 3, Fredericktown. A.N.H.A. Governing Council Member: Leo Glass, 3536 Washington Ave., Cincinnati 29.

Oklahoma State Nursing Home Association, Inc.
President: Carroll E. Young, 120 East Main St., Weatherford. Secretary: Marjorie C. Magee, 2307 S. W. 27th, Oklahoma City 8. Treasurer: George Machtolff, P.O. Box 448, Guthrie. A.N.H.A. Governing Council Member: Carroll E. Young.

Oregon Nursing Homes, Inc.:
President: A. J. Roth, Dr. P.H., Lae Grande. Secretary: Shirley Franklin, 220 E. Herford St., Gladstone. Treasurer: Ruby E. Gleason, 503 N. College, Newberg. A.N.H.A. Governing Council Member: Dr. A. J. Roth.

Pennsylvania Association of Nursing and Convalescent Homes
President: Jacob I. Roe, 148 N. Charlotte Street, Lancaster. Secretary: Antoinette Swankoski, Drums. Treasurer: Catherine Fox, Warrington. A.N.H.A. Governing Council Member: Jacob I. Roe.

Rhode Island Association of Nursing Homes
President: Anne Theinert, 33 Pleasant View Avenue, Greenville. Secretary: Nettie Farrell, 26 Fourth Street, East Providence. Treasurer: Anna French, 21 Bull Street, Newport. A.N.H.A. Governing Council Member: Ralph Holmes, 1224 Narragansett Boulevard, Cranston.

South Carolina Association of Nursing Homes
President: Mrs. Lillian H. Smith, R.N., 2451 Forest Dr., Columbia. Secretary-Treasurer: Rev. J. F. M. Hoffmeyer, Methodist Home for the Aging, Orangeburg. A.N.H.A. Governing Council Member: Mrs. Leora Maulden, Reynold Memorial, Edgefield.

South Dakota Association of Nursing Homes
President: Robert W. Beckwith, Chamberlain. Secretary: Elvina Mikkelson, Yankton. Treasurer: Newton Richardson, Roslyn. A.N.H.A. Governing Council Member: Robert Beckwith.

Tennessee Nursing Home Association
President George T. Mustin, 642 Semmes St., Memphis. Secretary: Catherine Anderson, 4005 Broadway, N.E., Knoxville. Treasurer: Blanche DeLaney, 1227 Sixteenth Ave., S., Nashville. A.N.H.A. Governing Council Member: George T. Mustin.

Texas Nursing Home Association
President: Sam E. McCaskill, 4303 Gaston Ave., Dallas 10. Secretary: Harry Reever, 4038 Lemmon Ave., Dallas. Treasurer: Mrs. Hugh V. Jones, 1723 Hemphill St., Fort Worth. A.N.H.A. Governing Council Member: Sam E. McCaskill.

Utah Professional Nursing Homes Association
President: Birdie Brey Hara, 119 F St., Salt Lake City 3. Secretary: Edna Buckle, 73 H St., Salt Lake City. Treasurer: Gerald Swegle, 535 2nd Ave., Salt Lake City. A.N.H.A. Governing Council Member: Samuella Hawkins, 1216 E. 13th, South, Salt Lake City.

Vermont Association of Nursing Homes
President: Milton Aylward, RFD No. 2, Waterbury. Secretary: Marion E. Zanleon, 31 Richardson St., Barre. Treasurer: Raymond Gobeil, RFD, Derby. A.N.H.A. Governing Council Member: Milton Aylward.

Virginia Association of Nursing Homes
President: Bernard Maslan, 2112 Monteiro Ave., Richmond. Secretary: Belle Wynkook, West Market St., Leesburg. Treasurer: C. Arthur Fowler, Route 1, Box 92, Blake Lane, Oakton. A.N.H.A. Governing Council Member: Martin Dalton, Box 746, Annadale.

Washington State Nursing Home Association
President: Alden H. Burman, Star Route, Box 400, Tacoma. Secretary-Treasurer: Dorothy Stilwell, 723 2nd St., N. W., Puyallup. A.N.H.A. Governing Council Member: Alden H. Burman.

West Virginia Nursing Home Association:
President: T. J. Gilmore, P.O. Box 3193, Huntington. Secretary: Christinia Winans, Grafton. Treasurer: T. B. Gilmore, P.O. Box 3193, Huntington. A.N.H.A. Governing Council Member: T. J. Gilmore.

Wisconsin Association of Nursing Homes, Inc.
President: Dr. Elmer C. Kocovsky, P.O. Box 232, Wauwatosa 13. Secretary: Mary Bernikowicz, R. N., 6014 — 18th Ave., Kenosha. Treasurer: Pearl F. Dawson, 502 East Holmes St., Janesville. ANHA Governing Council Member: Dr. Elmer C. Kocovsky.

Wyoming Association of Nursing Homes
President: Clara Jokimaki, State Park, Thermopolis. Secretary: Wilma Bigner, West C & 14 Ave., Torrington. Treasurer: Buelah Bushmaker, 244 East Works, Sheridan. A.N.H.A. Governing Council Member: Clara Jokimaki.

Tentative Convention Schedule – American Nursing Home Assn.

Hotel Pick-Carter, Cleveland, Ohio October 2-6, 1961

SUNDAY, OCT. 1

2:00 p.m. — Executive Board meeting* — Rainbow Room

MONDAY, OCT. 2

8:00 a.m. to 5:00 p.m. — Registration
8:00 a.m. to 5:00 p.m. — Accreditation of Delegates
8:00 a.m. to 9:30 a.m. — Regional meetings — Briefing on agenda
9:45 a.m. to 12 noon — Governing Council meeting* — Rainbow Room
Alton E. Barlow, presiding
12 noon to 1:30 p.m. — Break for lunch
1:30 p.m. to 4:00 p.m. — Governing Council meeting*
4:00 p.m. to 6:00 p.m. — Formal Opening of Exhibits
Dan Fowler, presiding; A. E. Barlow, speaker
7:30 p.m. — Reception — Rainbow Room
"Early Birds Flock Together"
Delegates — Members — Exhibitors
Get together for fellowship

TUESDAY, OCT. 3

8:00 a.m. to 9:45 a.m. — Regional meetings
8:00 a.m. to 5:00 p.m. — Registration
8:00 a.m. to 9:30 a.m. — Accreditation of Delegates
10:00 a.m. to 11:30 a.m. — General Session — Alton E. Barlow, presiding.
Welcoming Address; Invocation
Convention Theme Speaker — Dr. Guyer,
"Ohio's Ambassador of God Will"
12:15 p.m. to 2:00 p.m. — Luncheon — Eldred Thomas, presiding
Invocation
Speaker — Mr. Roger Fleming,
American Farm Bureau Fed. (Fashion Show)
2:15 p.m. to 4:30 p.m. — Business Session — Alton E. Barlow, presiding
4:30 p.m. to 6:00 p.m. — Exhibits
6:00 p.m. on — Exhibitors' Night

WEDNESDAY, OCT. 4

7:00 a.m. to 9:00 a.m. — Exec. Secretaries' & State Associations' Breakfast
Chairman: Russell Adams
7:00 a.m. to 9:00 a.m. — State Presidents' Breakfast; Chm. Curt Weaver
8:00 a.m. to 5:00 p.m. — Registration
8:00 a.m. to 9:00 a.m. — Accreditation of Delegates
9:15 a.m. to 11:15 a.m. — General Session—Wm. E. Beaumont, Jr., presiding
3 Speakers & "Trading Post" Instructions
1. American Institute of Architects
2. Asso. General Contractors of America, Inc.
3. Mortgage Bankers Association of America
11:15 a.m. to 12:30 p.m. — Exhibits
12:30 p.m. to 2:00 p.m. — Luncheon — Morrill S. Ring, Sr., presiding
Invocation
Speaker — Mrs. Helen Holt, Federal Housing Adm.
Fashion Show
2:00 p.m. to 3:00 p.m. — Exhibits
3:00 p.m. to 5:00 p.m. — "Trading Post"
5:00 p.m. to 7:00 p.m. — Exhibits

THURSDAY, OCT. 5

9:15 a.m. to 10.15 a.m. — "Trading Post" Reports — Marjorie Davis, presiding
8:00 a.m. to 5:00 p.m. — Registration
10:15 a.m. to 11:15 a.m. — Business Session — Alton E. Barlow, presiding
11:15 a.m. to 2:00 p.m. — Exhibits
2:00 p.m. to 4:00 p.m. — Election of Officers
7:30 p.m. — Banquet; Speaker — Dr. McFarland,
Consultant for G. M. Corp.

FRIDAY, OCT. 6

9:00 a.m. to 12 noon — Governing Council meeting*

*All Governing Council and Executive Board meetings are open to all members.

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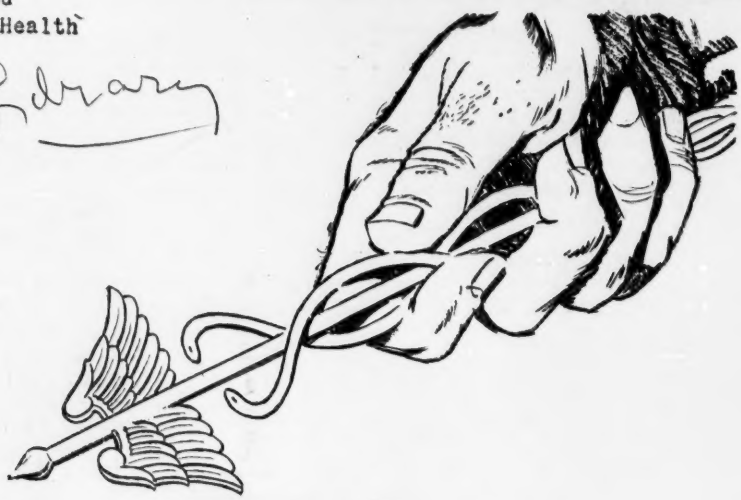

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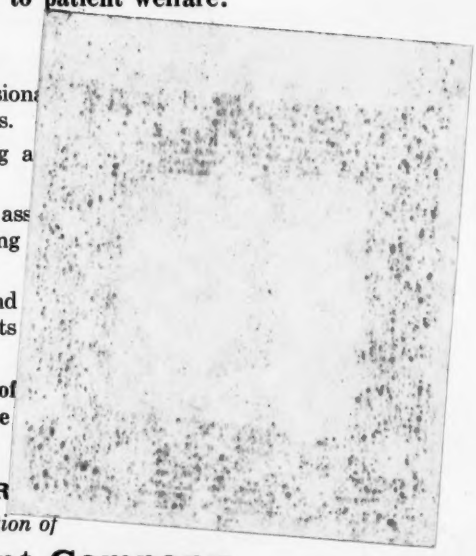
The R. D. Grant Company has acquired ownership of the Airmass Alternating Pressure Pad—the original and universally accepted method of preventing and treating decubital ulcers.

We dedicate ourselves to patient welfare.

WE INTEND

- ★ to improve our professiona with doctors and nurses.
- ★ to expand our training a forts in all hospitals.
- ★ to program economic ass save money for) nursing hospitals.
- ★ to help our medical and dealers sell our products programs.

This will lower the costs of hospital, the nursing home tient at home.



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